Page 4 by the funeral directar, 2 shauld be filed with G PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after d er this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages the State Board of Health prior to burial, cremation, ar remayal, and in any event within 72 haurs after death. ital ar attending physician

may be sined by the TO FUNE DIRECTOR:

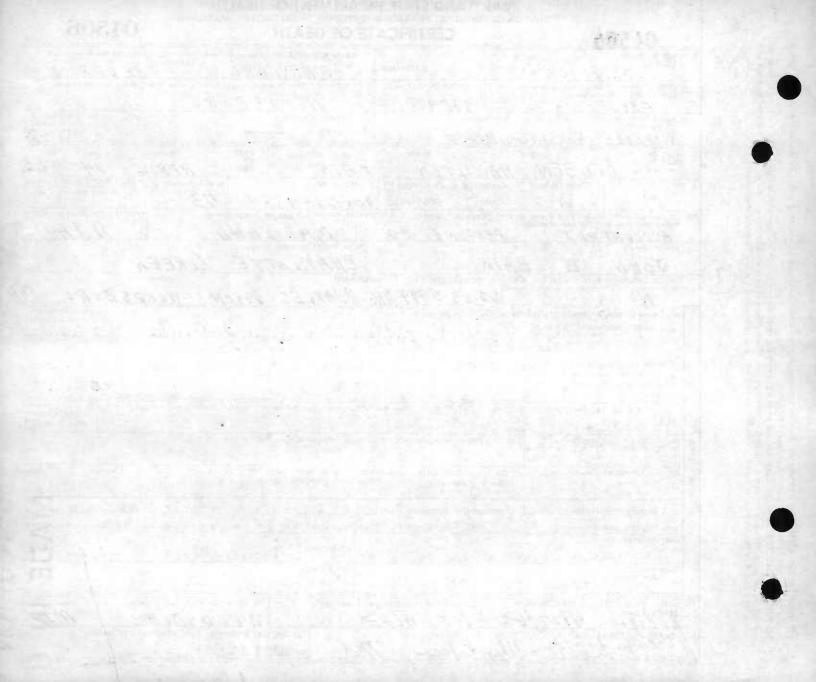
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

04506

	04509	CERTIFICA	TE OF DEATH		04300
1.	PLACE OF DEATH	MARYLAND	2. USUAL RESIDENCE (Whe	b. COUNTY	Residence before admission)
	FAEDERICK		11/17/KYLI	(F/V) F	REVERICA_
	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b		itside corporate limits, write RURA	L ond give neorest town)
	FREDERICK	MEAR		SBORO	to prolpsyles
	A. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	HOME	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF First DECEASED	Middle	Lost	4. DATE Month	Day Yeor
	Type or print) REUBEN HA	MITAN	BAIR	OF DEATH APRIL	L 14 1962
5. 5	EX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
	M WIDOW	_	NOV 21- 188	lost birthdoy) Me	onths Doys Hours Min.
10a	USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
	during most of working life, even if retired) ACCIONITANT	FREIME CO	MARYI	AND	1114
13.	FATHER'S NAME	. ATOTIF CO	14. MOTHER'S MAIDEN NA	AME	
	JOHN E BAIL	P	CHARLOT	TE GREE.	N
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. no, or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	Λ
	NO 21	2-03-5794 MR	S CHARLES	DIXON WOO	DSBORO 11/s
	1B. CAUSE OF DEATH [Enter only one couse per li	ine for (o), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	relate sett	energy of Con.	tic Dationly	ONSET AND DEATH
	DUE TO		0		3 1800
	Conditions if you which to	erelal thro	main + late	+ having Ori	2
	gove rise to immediate DUE TO	1	The state of the s	- Activity of the	5 4
	couse (o), storing the under-	interior la	the cardy	rousinten time	10 years
LION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
CA					YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port 11 of item 18.)	
CAL	20c. TIME OF INJURY Month, Doy, Year 20d.		ACE OF INJURY (Home, form,		(County) (State)
WEDICA	Hour o. m. While of wo	INDI WILLIE	ctory, street, office bldg., etc.)		
~			An 0 10'	50. 14 40.0	20 6 3 4 1 1 1 1 1 1 1
	21. I certify that (1) (this hospital) attend	1 / 1	1.2		19_6_2 that (1) (we) lost
	saw the deceosed alive on 13 KTV 220. SIGNATURE	and that c	deoth accurred at	M, fram the couses and o	on the dote stated above.
	La Carlon	0	ATTENDING ME	D. STAFF	SIGNED
	22c. PHYSICIAN'S		M.D. PHYS. DIR	RECTOR PHYS.	16 Apr 1962
	NAME (Type) JAMES E. S	TONER OR	1144	BRSUILLE N	11.
230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, town, or co	ounty) (Stote)
6	BURITE 4/17/62	MT HAPI	~	WOODSRAR	o mo
24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	A 250. REC'D	BY REGISTRAR 256, REGISTRA	AR'S SIGNATURE
R	transitioned III	odstar ?	and DATEAPE	1 8 '62	
4	are a morning of	1	700	Listin	7 8 15



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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

04507

	1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where decease o. STATE		before admission)			
	FREDERICK	MARYLAND	MARVIANO	6. COUNTY	16			
		ENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corp					
	FREDERICK 8	DAYS	DO PONSWI	CK				
	d. NAME OF HOSPITAL (If not in hospital, give street addre	ess) L	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
	CHREDERICK CITY HO	SPITAL	NO. 9. NORTH VIRG	INIA AVE	YES NO			
	3. NAME OF DECEASED Firs	Middle	Last 4. DATE OF	Manth	Day Year			
	(Type or print) VADA THI	ERESA !	SAKER DEATH	LINITE, TE,	1962			
	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER 1 Y last birthday) Months Do	EAR IF UNDER 24 HRS.			
	TEMALE WHITE WIDOWED	DIVORCED 🗆	FEBRUARY- 10-1883	79 yrs. 2 10	a Hours Min.			
	10a. USUAL OCCUPATION (Give kind at wark dane during most af warking life, even if retired)	OF BUSINESS OR INDUS	0		OF WHAT COUNTRY?			
	HOUSE WIFE DW	IN HOME	14. MOTHER'S MAIDEN NAME	VASH. CO. NID. 4.	A.2			
V	NIVER S. MILLENIO	ARE		HARMEN				
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI	AL SECURITY NO. 17. IN	FLORIENCE FORMANT	Address	0.45			
	(Yes, no, or unknown) (If yes, give war or dates of service)	ALS SAT	MES A BAKER	No. 9. N. VIRCINI	NID AVE.			
	18. CAUSE OF DEATH Enter only one cause per line for	(a), (b), and (c).1	MES /FILE	13 VAN SAALKA	INTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY: Jangreis of by							
	450, 1 DUE TO (-A-1,) /							
	Canditions, if ony, which) (b) (Illus Felliotis Litt.							
	gave rise to immediate							
3	lying cause lost.							
		RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY			
	CATI				PERFORMED?			
	PART II. OTHER SIGNIFICANT CONDITIONS CONT. 20g. ACCIDENT WAS UNDERLYING 20g. ACCIDENT WAS UND	HOW INJURY OCCURRED	D. (Enter nature of injury in Part I or Pa	ort II af item 18.)				
		200 01	of of hilling the form					
7	Haur o. m. While	Y OCCURRED 20e. PLA Not while at work fac	ACE OF INJURY (Home, farm, 20f. (Citory, street, office bldg., etc.)	(Cau	nty) (State)			
	21. I certify that (I) (this hospital) attended t	the deceosed from	4/18 162 10	4/76 162	, that (I) (we)-lost			
	saw the deceased olive on 26 Wait	19 /2 2 and that d	eath occurred of 43 M. from	n the causes and an the d	lote stated above.			
	22a. SIGNATURE	/		The days and all the	22b. DATE			
	Mahut & He	elso)	M.D. PHYS. MED. DIRECTOR	STAFF PHYS.	SIGNED			
	22c. PHYSICIAN'S NAME (Type))	22d. ADDRESS					
	(1700)							
		NAME OF CEMETERY OF	R CREMATORY 23d, LOCA	ATION (City, tawn, ar county)	(Stote)			
	BURIAL APRIL -29-1962	ROHITIERSVICE	LIS CEMETERY ROH	REPOSITION WATE	L. ChiMD			
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REGI	STRAR 256. REGISTRAR'S SIGN	ATURE			
1	Jalen C. Dass. 13001	NSBORO X	D. DATEMAY 4	62 071 011	Make Minu			
		(- 1.0) 1(02 arthur & fo	bolesh			

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after	death age 4 may be retained by the hospital or attending physician.	neral	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should	1	-
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04511 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where decessed fived, if institution: Re e. STATE Maryland b. COUNTY Free	sidence before edmission) lerick					
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) Frederick 13 Years	c. CITY OR TOWN (If outside corporate limits, write RURAL and // Frederick	give neerest town)					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Frederick Memorial Hospital	728 North Market Street	IS RESIDENCE ON A FARM? YES NO NO					
3. NAME OF First Middle DECEASED (Type or print) ROY EDGAR	BARTHLOW 4. DATE OF DEATH OF DEATH OF DEATH	Day Yeer 1962					
Male White WIDOWED X DIVORCED	B. DATE OF BIRTH 23 March 1882 9. Agt (In yeers IF UNDER 1 Y Months D	EAR IF UNDER 24 HRS. eys Hours Min.					
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard 10b. KIND OF BUSINESS OR INDUST Detective Agency		EN OF WHAT COUNTRY?					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	TEN BUILDING					
Frank Barthlow	Rebecca Powell						
(Yes, no. or unkown) (If yes give wer or deter of service)	informant Address rearranged by Deceased						
	i Cardis Vascular Descal	Jeveld grand (a) 19. WAS AUTOPSY PERFORMED?					
YES NO NO NOTIFY MEDICAL EXAMINER) 20e. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert L or Pert II of item 18.)							
	ACE OF INJURY (Home, ferm, 20f. (City or town) (Count ctory, street, office bldg., etc.)	ry) (Stete)					
21. I certify that (I) (this hospital) attended the deceased from July 1962, to april 11, 1962, that (I) (we) last saw the deceased alive on 1962, and that death occurred at 15M, from the causes and on the date stated above.							
220. SIGNETURE 220. SIGNETURE 220. SIGNETURE LANGE STATE A DETTBARN	226. SIGNATURE ATTENDING MED. STAFF SIGNED 226. PHYS. CLAR'S DIRECTOR PHYS. 226. DATE SIGNED 226. ATTENDING MED. STAFF SIGNED 226. ADRESS DIRECTOR 13 Opin 62						
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY St. Luke's C		(Stete)					
M. R. Etchison & Son, Frederick, Maryla	DATE PR 1 6 '62 Cuthun & 1						

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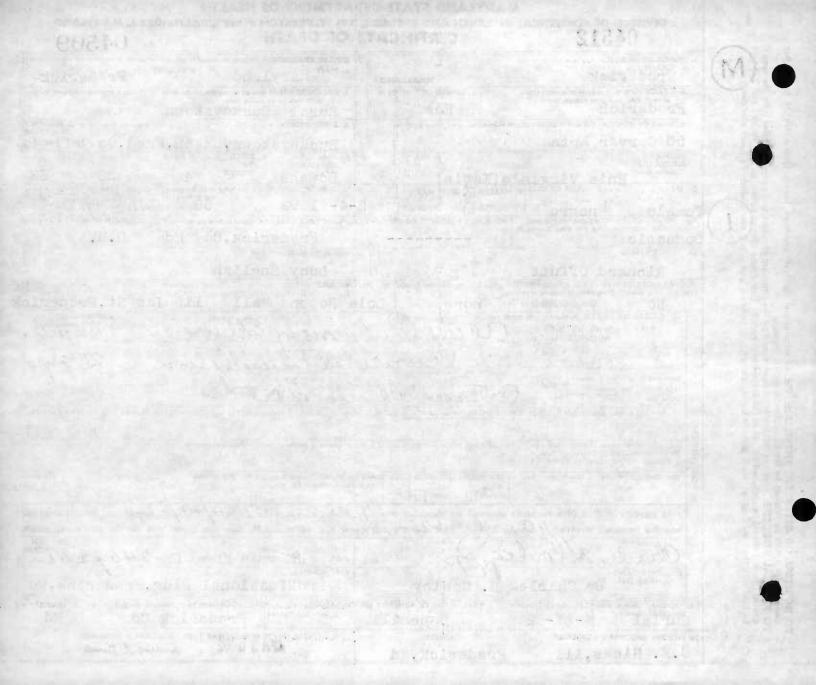
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	MARYLAND STATE DEPARTMENT	OF HEALTH
	AL RESEARCH AND RECORDS, 301 W. PREST	ON STREET, BALTIMORE 1, MARYLAND
04512	CERTIFICATE OF DEAT	TH 04509
ICE OF DEATH	2. USUAL RESIDE	NCE (Where deceased lived, If Institution: Residence before ex

04917	CERTIFICAL	E OF DEAT			04.	509	
1. PLACE OF DEATH		2. USUAL RESIDENCE	CE (Where deceased	l lived, If Ins	titution: Residen	ce before e	dmission
Frederick	MARYLAND	. STATE Mary	land	b. COUNTY	Fre	deri	ck
b. CITY OR TOWN (if outside corporate limits		c. CITY OR TOWN (II		mits, write R			
write RURAL and give nearest town) Frederick	Hrs	X Rural	Buckeyst	-oum			
d. NAME OF HOSPITAL OR INSTITUTION (IF		d. STREET ADDRESS	Duckeys	DO WIII		e. IS RE	SIDENC
50 Carver Apts			h	CO E	-D 6		A FARM
NAME OF First	Middle	Last Buckeys	town, Bx	Month.	red, UO	1	NO [
DECEASED	мнадне	casr	OF	Month	Dey	Year	
(Type or print) Enis Virgin	ia(Katie)	Bowens	DEATH	4	22	19	62
5. SEX 6. COLOR OR RACE	7. MARRIED A NEVER MARRIED 8	. DATE OF BIRTH			Aonths Deys	Hours	24 HRS
emale negro	WIDOWED DIVORCED	5-4- 1892		yrs.	Nonnis Doys	110013	741111.
ios. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Count	ty & State, or foreign	country)	12. CITIZEN C	F WHAT C	OUNTR
omestic		Frede	rick,Co	Md	U.S	. A	
13. FATHER'S NAME		14. MOTHER'S MAIDEN					
Richard Offutt		Lucy H	nglish				
5. WAS DECEASED EVER IN U.S. ARMED FORCE	ES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT		Address			
Yes, no, or unkown) (If yes give war or detes of ser	vice}		יות דר ה		22 04	Thood	0 20 1
No white the state of the state		ola Bowens	Hall .	TTO T	ce St,		
18. CAUSE OF DEATH [Enter only one of PART I. DEATH WAS CAUSED BY:	ause per line for (e), (b), and (c).	1	500	10.1	5	TERVAL BET	EATI
IMMEDIATE CAUSE (a)	acul V-u	monorg	caesu	a	/	neu	LIE
430 0 DUE TO	010	0 7	1 11-	1.		5 11-	, ,
Conditions, if any, which (b)	Ch. Cleric	war Tel	erellal	ww		5/2	1/20
gave rise to immediate cause	A - 1	+ P	11				/
(e), stating the underlying cause last.	(Presio-Soler	alie ala	of do				
(c)_	ONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE CONDI	TION GIVEN	IN PART 1(e) 1	9. WAS A	UTOPS
PART II. OTHER SIGNIFICANT CONDITI							RMED?
				10.)	77.4-	YES	NO _
OR CONTRIBUTING [CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURED.	. (Enter nature of injury in t	ert or Pert II of Ifei	m 18.)			
20c. TIME OF INJURY Month, Day, Year		CE OF INJURY (Home, farm ory, street, office bldg., etc.		vn)	(County)		(State)
20c. TIME OF INJURY Month, Dey, Yeer Hour a.m.	While Not While tack	0.77 3110017 011100 010317 0101		1			
21. I certify that (I) (this hospita) attended the deceased from	9 nan	1957, 104/	22/6	2 19, 1	hat (I) (we) l
1.0	-11		/	/			
saw the deceased alive on 4. a.p. 19.6							. DATE
222 AIGNATURE 2/(0)	a. t.	DUME D		AFF	2116	- 1	SIGN
Cuality 24 Com	M. M.		RECTOR PHY	rs.	Lyap	er 6	4
22c. PHYSICIAN'S NAME (Type) Total Classification	TI Conlor	22d. ADDRESS	Carional	DIA	- Emada	miale	RE C
Dr Charle	s H. Conley	Prolle	essional	prog	, rrede	LTCK	, IVIC
23a. BURIAL, CREMATION, 23b. DATE THERE		OR CREMATORY	23d. LOCATION				tate)
Burial 4-27-62	Hopehill		Frede	rick	Co	Iv	/Id
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC	D BY REGISTRAR	25b. REGIS	TRAR'S SIGNA	TURE	
C.E. Hicks.111	Frederick.Md		'R 3 0 '62		hun & the		
COLOR LLUX SALL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IDAIL	-		-		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hor after death to be seen as the hospital or attending physician.

Yes and the set of the set of the hospital or attending physician and complete tilled in by the funeral to be the set of the se



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. COUNTY Frederick b. COUNTY Maryland MARYLAND Frederick b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. your b writa RURAL end give naerast town) Brungwiele Brunswick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? West Street YES NO 20 West 3. NAME OF Middle Day DECEASED (Typa or print) DEATH Robert Lewis Campbell Jr. 1962 with 6. COLOR OR RACE 7. MARRED NEVER MARRIED S. SEX 9. AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months Hours Male WIDOWED DIVORCED [10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) thin 24 hours affer Give Pages 1, 2, orm PM3. Page 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland Laborer Construction U.S.A? pages | within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Lewis Campbell Sr. Elsie Berry 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass (Yes, no, or unkown) | (Ifyasgiva weror detes of servica) with 1 Mary E. Campbell, Brunswick, Maryland Yes Office along w burial-transit p 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Ethyl Alcohol Intoxication " in pencil i Office alor IMMEDIATE CAUSE (a) DUE TO plnods Conditions, if any, which geve rise to Immadiata ceuse S O DUE TO (e), stating the underlying Examiner cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 9 Drinking early evening to about 4:30 AM NO Medical pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 3 WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While C Hour a.m. et work et work Frederick Brunswick prior should be forwarded to the PUNERAL DIRECTOR: 1 21. I certify that I took charge of the remains described above, held an Autopsy ??. Inspection Inquiry and in my opinion MEDICAL death resulted from: Natural causes Accident X Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION, 226. DATE 22d. LOCATION (City, fown, or country) 22c. NAME OF CEMETERY OR CREMATORY (Stata) REMOVAL (Specify) Ö Knexville, Maryland 40 Burial Mountain 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE FUNERAL DHECTOR VS. A15ME arthur S. Kraus runswick, Maryland DATE APR 1 2 '62 5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

Frederick

e. IS RESIDENCE ON A FARM?

YES NO

62 19

Year

IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO X

(State)

22b. DATE

(State)

23 Apr 1962 IGNED

USA

(County)

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare daceased livad, If institution; Rasidenca before edmission) director. Pas-· COUNTY Frederick b. COUNTYFrederick · Maryland MARYLAND c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporele limits, c. LENGTH OF STAY IN 16 write RURAL end give neerast town) Fred'k.Co Life XFrederick.R.F.D.2 (Hopehill) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Frederick Memorial Hospital 3. NAME OF Middle Lest 4. DATE Month Dev DECEASED ive Pages 1, 2, and 3 to the PM3. Page 5 may be refile pages 1 and 2 with the PM3. The pages 1 and 2 with the PMS and 3 with t 1962 Walter Franklin Diggs DEATH April (Type or print) 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. (asbirthdey) Months Oct. 23, 1899 Colored Male WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
Laborer Frederick County U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give Luther Diggs Maggie Smith File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Hopehill (Yes, no, or unkown) | (Ifyasgivawarordatesofservice) " in pencil in Item 18 Office along with fa along with farmit and in any Frederick Rt 2 217-01-5863 Emma N. Diggs 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hemorrhage IMMEDIATE CAUSE (e) DUF TO should Brochogentic Carcimomia Of Lung Conditions, if any, which Year + KAMINER: This certificate shou s, writing the word "pending" in he Chief Medical Examiner's Of Page 3 should be used as a bu gava rise to immediate causa DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NOT A YES 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury In Part I or Pert II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. WEDICAL 20c. TIME OF INJURY 20e, PLACE OF INJURY (Home, farm, Month, Dey, Yeer 20d. INJURY OCCURRED 20f. (City or town) (County) (State) fectory, street, offica bldg., atc.) While Not While Hour a.m. at work at work forwarded to the 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X Inquiry X and in my opinion MEDICAL death resulted from: Natural causes XX Suicide Undetermined manner Accident Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER TO **EXAMINER'S** B.O. Thomas, M2D April 5,1962 should NAME (Typa) Address (Street, city, town, or county) DEP 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Slela) REMOVAL (Specify) 240 p Burial 4-7-62 Hopehill Hopehill .Fred.Co 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME arthur & Krous 5M 7/59 C.E. Hicks.111 Frederick . Md

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 04516 CERTIFICATE OF DEATH filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND eral b. CITY OR TOWN (If outside corporate limits, write pe c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) **SURAL** ond give neorest town shauld d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO MAR NAME OF 4. DATE Middle Lost Month Day Year DECEASED OF (Type or print) DEATH 196 IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 9. AGE (In years MARRIED NEVER MARRIED lost birth Months Doys Hours TE WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 202 17. INFORMAN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL SECURITY NO attending 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if ony, which (b) gove rise to immediate per DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) foctory, street, office bldg., etc.) o. m. While Not while of work ot work p. m. 21. I certify that (I) (this haspital) attended the dec and that death occurred at 2 PM, from the causes and an the date stated above. saw the deceased alive ATTENDING M.D. DIRECTOR -22d. ADDRESS AME (Type) page 3 st the State 23b. DATE THEREOF BURIAL CREMATION. CEMETERY OR CREMATORY 23d. LOCATION (City, town, occounty) (Stote) 0 NAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Orthur & Kraus 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH

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	MARYLAND STATE DIVISION OF STATISTICAL RESEARCH AND RECO CERTIFIC	RDS, 301 W. PRESTON STREET, BALTIMORE 1, MATE OF DEATH	ARYLAND
M	i. PLACE OF DEATH a. COUNTY Frederick MARYLAN	2. USUAL RESIDENCE (Where deceased lived, If institution: Research o. STATE Maryland b. COUNTY Free	idence before admission) derick
19	b. CITY OR TOWN (if outside corporate limits, Frederick c. LENGTH OF STAY IN 13 hrs.	c. CITY OR TOWN (If outside corporeta limits, write RURAL end g	rive neerest town)
61	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Frederick Memorial Hospital	d. STREET ADDRESS E. Main St.	ON A FARM?
	3. Name of Deceased (Typa or print) Margie Agnes Finney		19 62
	5. SEX Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH April 17, 1892 9. AGE (In years If UNDER 1 YE lab by thdey) Wonths Da	
	Housewife Own Home	Maryland	S · A ·
$\widehat{\mathbf{I}}$	Alonza Williar	Jennie Wilhide	
	15. WAS DECEASED EYER IN U.S. ARMED FORCES? (Yas No or unkown) (If yes give war or dates of service) None P	7. INFORMANT Address Thurmont,	Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b) old (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	hal Himmoniliage	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. (c)	isteliasis	
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF CONTRIBUTING TO DEATH BUT OF CONTRIBUTING TO DEATH BUT OF CONTRIBUTING TO CAUSE OF DEATH OF CONTRIBUTING TO DEATH BUT OF CONTRIBUTIONS TO DEATH BUT OF CONTRIBU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	PERFORMED?
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	ZDc. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 2De. While Not While Place Not While Place Not While Place Place Place Not While Place Not While Place Place	PLACE OF INJURY (Home, ferm, fectory, street, office bldg., etc.) (City or town) (County	y) (Stele)
	21. I certify that (I) (this hospital) attended the deceased from the saw the deceased alive on 19.6.2, and the same that the sa	that death occurred of	that (I) (we) last date stated above
	161 6 1	M.D. ATTENDING MED. STAFF PHYS. 22d. ADDRESS	22b. DATE SIGNEI
1	PHYSICIAN'S Robert S. Hughes 7 E	6. Church St. Frederick,	Maryland
Q	23a. BURIAL, CREMATION, 23b. DATE THEREOF United Brewshal (Specify) 4-16-62	thern Cemetery Thurmont, I	
Di	Jaymond & Creage Thurm	nont, Md. DATE APR 1 6 162 Cultur S.	SNATURE FLAMA

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY 17 P Frederick Maryland Frederick MARYLAND pue b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL end give nearest town) Myersville days Rural Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Frederick Memorial Hospital YES NO X 3. NAME OF 4. DATE Day Middle Month DECEASED 1962 Israel Fisher DEATH (Type or print) Philip 2 and col 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX last birthday) Months male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) building const. Maryland U.S. carpenter attending pl 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME and George Fisher Elmira Delauter 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address removal, (Yes, no, or unkown) | (If yes give war or dates of service Daniel L. Fisher, Frederick, Md. no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse DUE TO (e), stating the underlying PHYSICIAN: the hospital or certificate h PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION 38 20b. DESCRIBE HOW INJULY OCCURED. (Enter neture of iguary in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) may be retained by DIRECTOR: After MEDICAL 20e. PLACE OF INJURY (Home, farm, (County) (State) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour a.m. et work at work saw the deceased alive on..... 22a. SIGNATURE ATTENDING DIRECTOR PHYS. 22d. ADDRESS 23d. LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION, | 23b. O - 5 9 REMOVAL (Specify) Cem., Church Hill, Frederick Co., Md. buria 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE APR 2 3 '62 15M 7/61 winny S. Thous Company, Middletown, Md.

certificate

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requires that the

MARYLAND STATE DEPARTMENT OF HEALTH

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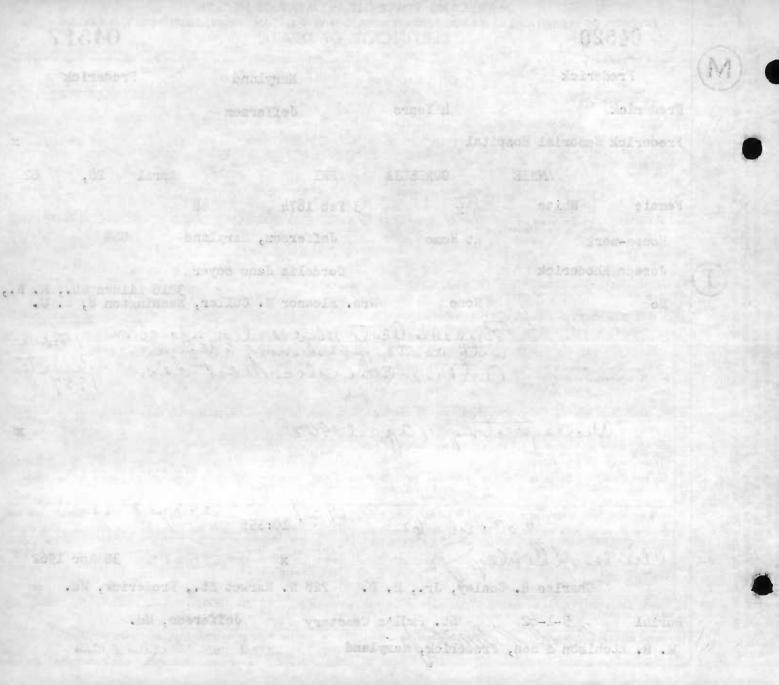
lled in by the funeral ages 1 and 2 should TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho death.

ALD DIRECTOR: After this certificate has been signed by the attending physician and completed in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers ages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1	MARYLAND STATE DEPARTMENT OF HE	A
	DIVISION OF STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STE	EI

LTH et, Baltimore 1, Maryland 04517 04520 CERTIFICATE OF DEATH

1. PLACE OF DEAT	lerick		MARYLAND		rland	b. COUNTY	Frederi	.ck	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) Frederick		LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporata limits, write RURAL end give nearest town) Jefferson					n)	
	Memorial Ho			d. STREET ADDRESS			Trail.		SIDENCE FARM? NO
3. NAME OF DECEASED (Type or print)	First		Middle	FRY	4. DATE OF DEATH	Month April	28.	Yaar 19	62
5. SEX Female		7. MARRIED	NEVER MARRIED 8	DATE OF BIRTH		(In years IF	UNDER 1 YEAR onths Deys	IF UNDER Hours	
10e. USUAL OCCUPA done during most of w House-wo 13. FATHER'S NAME	TION (Give kind of work vorking life, even if retire	d)	ND OF BUSINESS OR INDUSTR		unty & Stete, or foreign Maryland N NAME		USA	F WHAT C	OUNTRY?
Joseph F	hoderick			Cordelia J					
(Yes, no, or unkown) No 18. CAUSE OF PART I. DEA Conditions, if er gave rise to imme (a), stating the ceuse lest. PART II. OTH	diate ceuse underlying DUE TO	Cause per lis	base Mrs. bashe Gent to acute to acute tributing to death but no	enatice T RELATED TO THE TERM	rdiel in	Washin Torel Lea Les.	IN PART 3(e) 1	D. D	WEEN DEATH
20e. ACCIDENT WAS UNDERLYING 20b. DESCRIPE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)									
Hour a.m.	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) While Not While et work 19 et work 19 et work 19 attended the deceased from 19 form, 19 f								
			LL196.2 and that	death occured 3.	35P, from the	causes an			
220. SIGNATURE	22e. SIGNATURE ATTENDING MED. STAFF						30 Ap	22b. or 196	DATE SIGNED
22c. PHYSICIAN' NAME (Typ	.1	Conle	y, Jr., M. D.	22d. ADDRESS 228 N. M	larket St.,	Frede	rick, M		
23a. BURIAL, CREMA REMOVAL (Specif	TION, 236. DATE THEF	EOF	St. Paul's Ce		Jeffers			(St	ate)
M. R. Etc		Free	Marylan Marylan		EC'D BY REGISTRAR		TRAR'S SIGNA		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04521 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY Maryland b. COUNTY Frederick Frederick by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town)
Frederick Thurmont l week rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Frederick Memorial Hospital Mountaindale YES NO 3. NAME OF 4. DATE Middle Month Day Yeer DECEASED William R. 28 Fultz DEATH (Typa or print) April 19 62 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH est birthday) Months June 22. 1871 male white WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Farm Maryland U.S.A. Laborer a attending ph Then please in a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes po, or unkown) (Ifyesgivewerordatesofservice) removal Mrs. Sophia B. Fultz Thurmont, Md. RD1 None 18. CAUSE OF DEATH [Enter only ona cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ESPIRATORY COLLMPSE 4-mme DIATE IMMEDIATE CAUSE (a) DUE TO CONGESTIVE HEART FAILURE Conditions, if eny, which geve rise to immediate cause DUE TO (a), steting the underlying TERIO SCHEROTIC HCART DISTASE LUNDETERMINO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CATION PERFORMED? as KIGHT ROCHANTERIC FRACTURE NO U 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) After MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (State) Not While factory, streat, office bldg., etc.) While Hour a.m at work et work CTOR: 21. I certify that (1) (this hospital) attended the deceased from APRIL 20, 1962 to APRIL 28, 1962 that (1) (we) last19.6.2 and that death occurred at I...P.M., from the causes and on the date stated above. saw the deceased alive on., 220 SIGNAJURE ATTENDING SIGNED DIRECTOR M.D. PHYS. 22d. ADDRESS PHYSICIAN'S NAME (Type) John H. Teske Patrick St. Frederick. Md. ector, TO He death 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION Lewistown Cemeterv Lewistown. Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 247FUNERAL DIRECTOR'S SIGNATURE VR A1S (4) Thurmont, Md MAY 3 arthur S. France

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04522 CERTIFICATE OF DEATH Reg. Dist. No. 1519 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed Frederick b. COUNTY Marvland MARYLAND Frederick b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should Thurmont Proderick d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Memorial Mospital YES NO 1 NAME OF DECEASED Middle 4. DATE Month Year Garrett Miller Cora (Type or print) DEATH 1902 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 371 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Feral o White DIVORCED T WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Maryland TILS.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 200 40 Barton Van Buren Lydia Atkinson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Miss Virginia Garrett, Thurmont, Md. 1B. CAUSE OF DEATH [Enter only one cause per line (67 (a), (b), and (ch) INTERVAL BETWEEN ONSET AND DEATH d PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate DUE TO couse (o), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, Day, Year 20f. (City or town) (County) (Stote) Haur a. m. foctory, street, affice bldg., etc.) While Not while at wark at work p. m. 21. I certify that I attended the deceased from that I last saw the deceased and that death occurred at M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Robert S. Hukke PHYSICIAN'S NAME (Type) Frederick, Maryland 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 4-16-62 Petersville. Maryland Saint Marks 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR Brunswick, Maryland VS A15 (4) 15M 9/55 aring & Trave DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04523 CERTIFICATE OF DEATH 04520

1							
1	1. PLACE OF DEATH a. COUNTY Frederick MARYLAND	a. STATE Maryland a. STATE b. COUNTY Frederick					
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
	RUPAL Myersville 16 years d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Rural Myersville d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO					
	3. NAME OF DECEASED (Type or print) Florence J. Gav	Jer 4. DATE Month Day Yaar OF DEATH 4 24 1962					
	5. SEX female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. white WIDOWED DIVORCED	. DATE OF BIRTH 3/11/1895 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.					
	10a. USUAL OCCUPATION (Give kind of work dona during most of working lifa, avan if retirad) NOUSEWIFE OWN home	Y 11. EIRTHPLACE (County & State, or foreign country) W. Virginia U.S.					
1	13. FATHER'S NAME William Jones	Mary Jane Ellis					
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III						
1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Z PART II. OTHER SIGNISICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	THEATT DISEASE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY DESCRIPTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY DESCRIPTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY DESCRIPTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY DESCRIPTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY DESCRIPTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY DESCRIPTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY DESCRIPTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY DESCRIPTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY DESCRIPTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY DESCRIPTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY DESCRIPTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY DESCRIPTION OF THE TERMINAL DISEASE CONDITION OF TH					
	2: Diabetes Mellitus						
	OR CONTRIBUTING CAUSE OF DEATH	. (Entar natura of injury in Part I or Part II of item 18.)					
		CE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) ory, streat, office bldg., etc.)					
	21. I certify that (I) (AXXXXX) attended the deceased from saw the deceased alive on April 24 19 62 and that	death occured at 30, from the causes and on the date stated above.					
	220. SIGNATURE Sand & Gava M.						
1	Leo J. Gaver, M.D.	Baltimore 29, Md.					
	23a. BURIAL, CREMATION, 23b. DATE THEREOF U.B. Cemetery of U.B. Cemetery o						
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
	Gladhill Company, Middletown, Md.	DATE APR 2 6 '62 College & Marie					

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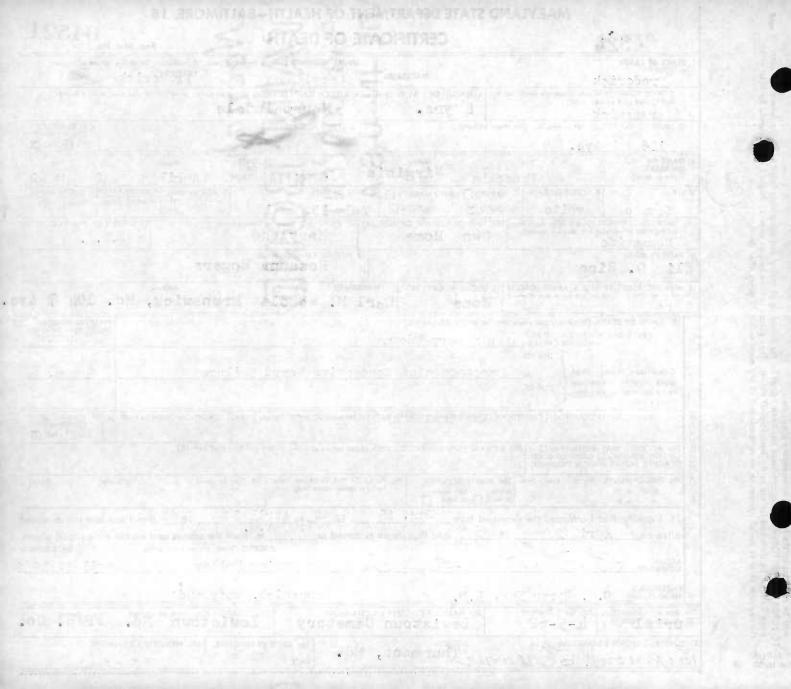
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Leo J. Bever. M.D.

Parting M. Cametery M. W. Cametery M. W. S. Cametery M. Cametery M " Graditli Company, Middletown, Mo.

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04525 the funeral director, should be filed with HYSICIAN: The law requires that the death certificate be executed within 24 haurs after dea may be the back of the hand of an attending physician. **3 FUNERA: DIRECTOR:** After this certificate has been signed by the ottending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 the State Baard of Health priar ta burial, cremotian, ar remayal, and in any event, within 72 hours after death. TO HOSPITA may be TO FUNERA VR A1S (4) 15M 9/59 Colaremy Co. Carly

MARYLAND STATE DEPARTMENT OF HEALTH

04522

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (WH	here deceased lived. If institution b. COUNTY	
FREDERICK	MAKTLAND	MD	FA	EDERIER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits, write RU	RAL and give nearest town)
RURAL CLIME KILN	42 yp	XEURAL	(LIME KI	(\mathcal{N})
d. NAME OF HOSPITAL (If not in haspital, give street	address)	d. STREET ADDRESS		e. IS RESIDENCE
OR INSTITUTION R+#2		RT	#2	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) TR & S E	Middle 3	GROVE	4. DATE Month OF DEATH APR	Day Year 1962
S. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH 18		IF UNDER 1 YEAR IF UNDER 24 HRS.
FEMALE WHITE WIDOW	ED DIVORCED	NOV. 8 15%	7/4 83/8/4 yrs.	Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOVSE W. FE	-	MD		
13. FATHER'S NAME	The state of the s	14. MOTHER'S MAIDEN N	NAME	
EDW. Bowlus		MARY C	CLAGGETT	E
	SOCIAL SECURITY NO. 17. II	NFORMANT	Addre	255
(Yes, no, or unknown) (If yes, give war or dates of service)	NONE 1	1 AS FRANC	18 SAPPI	rugton
1B. CAUSE OF DEATH [Enter only one cause per li	ine for (a), (b), and (c).]	1	. 1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	martine	Seat Fa	elu-a	ONSET AND DEATH
IMMEDIATE CAUSE (o) DUE TO	To the same	7000	, , ,	
	12. 1.	+ 11	est Dea	1000
Conditions, if any, which gove rise to immediate (b)	Larino	vous por	the transfer	T sale I was I
couse (o), stating the under-				
lying couse last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
3 Bronchop	reumonia			YES NO D
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II of item 18.)	
200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
S 20c. TIME OF INJURY Month, Day, Year 20d. I	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	n, 20f. (City or town)	(County) (Stole)
Haur o. m. 19 While	Not while fo	ctory, street, office bldg., etc	-)	
p. m. 19 at wor	rk at work	1/2	1/0-	/ 2
21. I certify that (I) (this haspital) often	ded the deceased fram	6/00 12	50.ta 4/8	19.60 that (1) (we) last
saw the deceased alive an 4/8	1962, and that a	death accurred at	M, fram the causes and	d an the date stated above.
22a. SIGNATURE				/ 23b. DATE
Henry V. (h.	use_	M.D. PHYS.	ED. STAFF	4/9/6 2 SIGNED
22c. PHYSICIAN'S	^1	22d. ADDRESS		1
NAME (Type) Henry V.	(hase	4 E. (hu	rch St fre	derick Md
230. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (City, town, o	r county) (Stote)
REMOVAL (Specify)	Mt. OLI	VET		
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	4 1	D BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE
Con Chart	1 Frederick	MG DATE AP	R 1 6 '62 Qu	Lug S. Kraus
Tax alene 4. Welly	() coccess)	DAICHE		That I

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE 04526 OF DEATH O T 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) a. COUNTY b. COUNTY FREDEKICK MARYLAND VLARYLAND -REDERICK b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town) executed within 24 BOYFARS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO X 3. NAME OF DECEASED OF (Type or print) DEATH 19 APRIL -20 PRISON and cor OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) WIDOWED DIVORCED please rem 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? & State, or foreign country) done during most of working life, even if retired) WASH. COMO. VISIA HOUSE MILEIE HONLE ARROMSBURG MOTHER'S MAIDEN NAME 13. FATHER'S NAME requires that the death EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (Ifyesgivewarordatesofservice) BRUNSWICK HARRISON ian. NONE 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH immediate cause (a) Acute Coronary Thrombosis 10 min. Arteriosclerotic Disease VIS. Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying Diabetes Mellitus VIS. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY ZERTIFICATION 5 8 PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) Po OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work 20.) 19.6.2 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from ADT saw the deceased alive on ADTI. 22a. SIGNATURE 22b. DATE ATTENDING DIRECTOR AL A 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) C. T. Byron Kao pring Hollow, Brunswick, Md. filed ' HOS death. 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMÉTERY OR CREMATORY 23d, LOCATION (City, town or county) (State) REMOVAL (Specify) ÷ 0 DURLA 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) 15M 7/61 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give needest town) write RURAL end give neerest town) magans d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS 3. NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH 5. SE) 6. COLOR OR RACE DATE OF BIRTH AGE In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthday) Months Days WIDOWED DIVORCED physician USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER .= Then please WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMAN (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY CERTIFICATION 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIPE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY. Month, Day, Yeer 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ; 20f. (Clty or town) (County) factory, street, office bldg., etc.) While Not While Hour e.m. at work et work p.m 20 1962, that (1) (we) last saw the deceased alive on... 22e. SIGNATUR ATTENDING STAFF PHYS. DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 0

VR A1S (4) 15M 7/61

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

e. IS RESIDENCE ON A FARM? YES NO

1962

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO

> > (Stete)

22b. DATE

YES

15210 Control of the Contro Bearline of Magnessan Wagnesia Service of Marie Commence of the State of th 15 50 A Treesde Worlde Eligabeth mother - Carrier Hornitains Comments The state of the s Source Samuel of the Gerall Waries Memore or Carlot & Fallow That was the first of I saved

executed within certificate be The law requires that the death PHYSICIAN: HOSPI director, be filed death.

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	RECTOR: After this certificate has been signed by the attending physician and completed in by the funeral	hould be detached for use as the burial-transit permit. Then please remove carbon paper Pages 1 and 2 <u>sho</u> uld	vent, within 72 hours after death.	
rending physician.	been signed by the attending physicia	urial-transit permit. Then please remov	State Dept. of Health prior to burial, cremation, or removal <u>, an</u> d in any event, within 72 hours after deat y	
be see by the hospital of affending physician.	RECTOR: After this certificate has	ould be detached for use as the b	tate Dept. of Health prior to burial	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission) . COUNTY Frederick Frederick Maryland MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) writa RURAL and give nearast town) Rural * Myersville vears Rural - Myersville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Route # 2 Route YES NO 3. NAME OF 4. DATE Middle Month Yeer DECEASED OF (Type or print) DEATH EDNA' 1962 KLINE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In yeers | IF UNDER 1 YEAR) IF UNDER 24 HRS. 8. DATE OF BIRTH lest birthday) Months Deys WIDOWED DIVORCED female white Mav 10 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if ratired) housewife Frederick Co. Md. own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Roman Wolf Laura Kuhn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or dates of service) Mr. Equilla Kline, Myersville Md . Rt . none 1B. CAUSE OF DEATH [Enter only one ceuse per line tor (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if any, which geve rise to immediate causa DUE TO (a), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY CATION PERFORMED? NO L 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of itam 18.) CERTIFI 2Da. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While Hour a.m. at work at work p.m. 21. | certify that (I) (this hospital) attended the deceased from...... saw the deceased alive on and that death occured at causes and on the date stated above. from the DATE 22a. SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. M.D.

22c. PHYSICIAN'S NAME (Type) .Elmer Harr

22d. ADDRESS Middletown, Md.

23d, LOCATION (City, lown or county)

(Stata)

23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) buria] 1962 23c. NAME OF CEMETERY OR CREMATORY

St. Mark's Lutheran Wolfsville Fred. Co. Md.

24 FUNERAL DIRECTOR'S SIGNATURE 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** arillary & Thouse Bittle, Myersville, Md DATE

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OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY Maryland Frederick Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL end give nearest town) Thurmont Thurmont d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? e. Main St. . Own Home YES NO 3. NAME OF First Middle DATE Month Day Yeer Last DECEASED OF Lambert April Cora 62 (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR | JF UNDER 24 HRS. 8. DATE OF BIRTH hirthday) 16.1870 Months Female March WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Own Home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James H. Joy Rosanna Measell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgivewarordatesofservice) Mrs. Ross Firor Thurmont. Md. None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: - (Kuos) IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (e), steting the underlying ZILLER cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 200. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Yeer (County) (Stelle) factory, street, office bldg., etc.) Not While While Hour e.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from MOVA.... saw the deceased alive on... M. from the causes and on the date stated above, 22b. DATE 22e. SIGNATURE ATTENDING SIGNED, DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN' Thurmont, Maryland NAME (Type) James 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Middletown Refm. Cem. Middletown Fred. Co. Md. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE Thurmont, Maryland Cirlling S. Tirres

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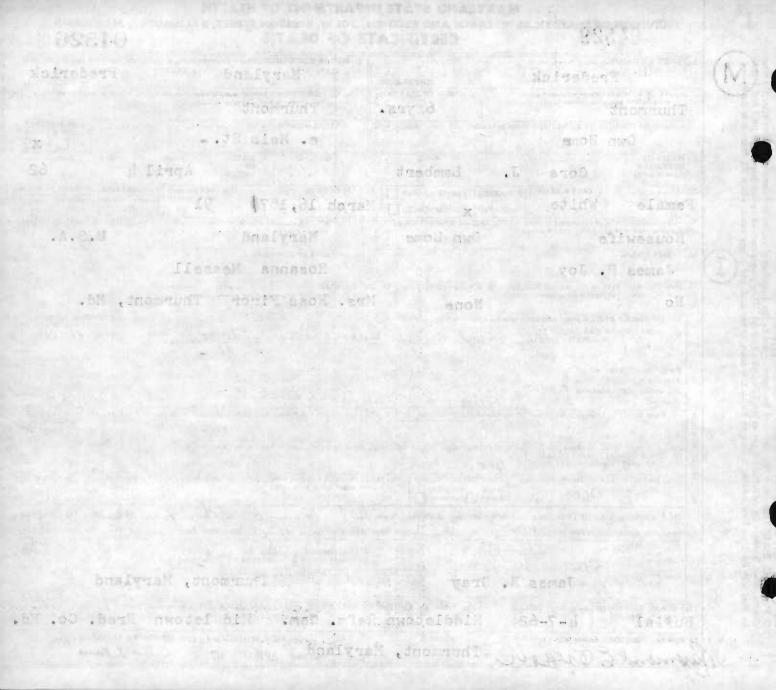
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ARYLAND STATE DEPARTMENT OF HEALTH



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) 1. PLACE OF DEATH e. COUNTY b. COUNTH rederick a. STATE Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) à Thurmont lown) Thurmont vrs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Sta. Main & Church Summit Filling AVe Lewis YES NO NAME OF 4. DATE Month Year DECEASED TLE Jr McCloskey DEATH April .2I-1962 (Type or print) 19 IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR (a) birthday Months | Deys Hours Aug. 19-1917 Male WIDOWED [DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Salesman Pa Wholesale Grocery Pittsburgh U.S.A attending plasse 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Tayman L. Agnes Little 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Paul Thurmont. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUF TO Cardiovasula. Conditions, if any, which gave rise to immediate cause DUE TO (e), steting the underlying cause last. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | 19. WAS AUTOPSY CERTIFICATION as of PERFORMED? NO I 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSY OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter herure of injury in Pert I or Part II of item 18.) WEDICAL (Stete) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) Month, Day, Yeer factory, street, office bldg., etc.) Not While Hour a.m. While et work et work CTOR: 19 that (I) (we) last 21. | certify that (I) (this hospital) attended the deceased from....... from the causes and on the date stated above., and that death occured at saw the deceased alive on...... 22b. DATE 22e. SIGNATURE SIGNED ATTENDING MED. STAFF DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS A.Love NAME (Type) Thomas Main St. Thurmont filed filed 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (Stete) 23c. NAME OF CEMETERY OR CREMATORY Thurmont Carmel Cem. 0 5 8 ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Urilary S. Thrank 15M 7/61 Raymond Series market DATE APR 2 4 '62

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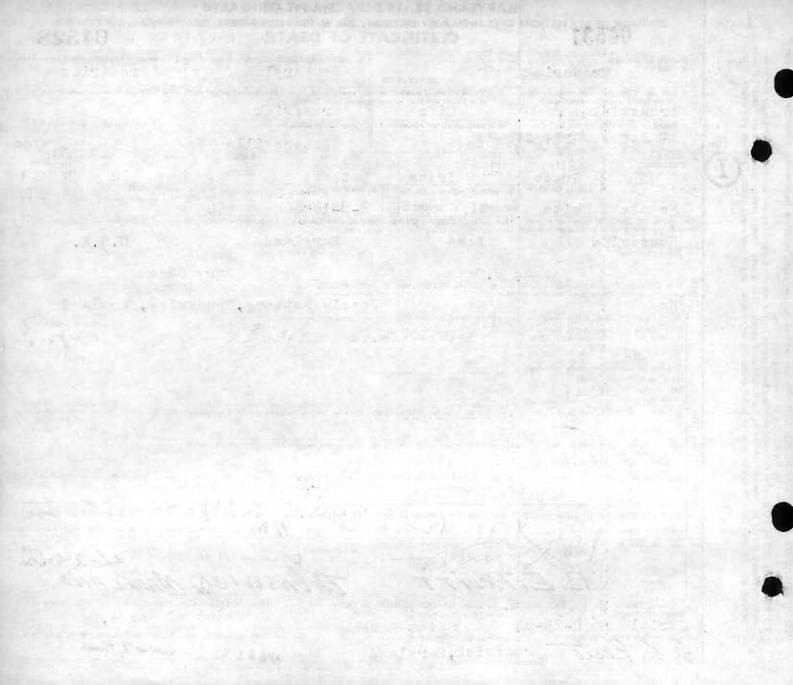
TELEBO ... ova - simple annulog the citer and a perilite of twal n Royl-I. ferous and . In market hopoleoluse an auntil the state of the s The manufaction of the second CHILD AT BOTTLE and alpelo . w. loss and the state of the state of the state of a state of the SACEAR AS IN THE 12 DIES . THAT . SECTION SHERE WE

TO HOSPITAL OR I MDING PHYSICIAN: The law requires that the death certificate be executed within 24 after death.

S > TO FUL AL DIRECTOR: After this certificate has been signed by the attending physician and completed and illed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper ages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	DIVISION	OF STATISTICA 531	AL RESEA	CERTIFICA	DS, 301 W. PREST		T, BALTIM	ORE 1, MA	045	
	PLACE OF DEATI a. COUNTY	rederiel	ζ	MARYLAND	a. STATE Mar	NCE (Where de		institution: Resid		
	b. CITY OR TOWN	if outside corporate lim	its,	c. LENGTH OF STAY IN 15	c. CITY OR TOWN	(If outside corp	orete limits, write	e RURAL and gi	ve neerest to	wn)
3	Brunswi	give nearest town)		Tife	35 Brunsw	iek				
			if not in hos	pital, give street address)	d. STREET ADDRESS					RESIDENCE
	19 Sel	th Manle	Aven	ne	Peter	sville	Road			NO .
	NAME OF	First	2.0	Middle	Last	4. DATE	Monti	h D	ay Ye	ner ne
	DECEASED (Type or print)	Grace		Trene	Mathews	OF DEATH),	22	19	62 4
5.	SEX	6. COLOR OR RACE	7. MARRIEI	D SELENEVER MARRIED	8. DATE OF BIRTH	9		IF UNDER 1 YEA		R 24 HRS.
	Female	White	WIDOWE	D DIVORCED	2-8-1886		76 yrs.	Months Day	s Hours	Min.
10a	. USUAL OCCUPAT	TON (Give kind of wor.	k 10b. KI	IND OF BUSINESS OR INDUS		unty & Stete, or	foreign country)	12. CITIZEN	OF WHAT	COUNTRY
00	Housewi	orking life, even if retire		Моме	Marvla	n d		TT	S.A.	
13.	FATHER'S NAME			Hearo	14. MOTHER'S MAIDE			0.	J.A.A.	
		Thoma	e F	Dean		3.4	ary Od	0.10		
		ER IN U.S. ARMED FOI	RCES? 16.		INFORMANT		Address			
(Ye	No (If yes give war or dates of:	service)		Jessie Mat	hews . R	runswi	ek. Mar	vland	
		DEATH [Enter only one	cause p	ine for (a), (b), and (c).]	00-000		W 000 2 10 11 010	Jan	INTERVAL B	ETWEEN
	PART I. DEAT	TH WAS CAUSED BY:	6	amema	~ ~ ~ ~ ~	a Kas			ONSET AND	DEATH
	106	DUE TO							1	
	Conditions, if an									
	gave rise to immed	liate cause								
	(e), stating the u	In derlying (c)								
CERTIFICATION	PART II. OTHE			ITRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	VEN IN PART 1(e	19. WAS PERF YES	AUTOPSY ORMED? NO
CERTIFI	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER		CRIBE HOW INJURY OCCUR	ED. (Enter nature of injury i	n Part I or Pert I	Il of item 18.)			
MEDICAL	20c. TIME OF INJU Hour e.m.	JRY Month, Dey, Yo	While	Not While f	LACE OF INJURY (Home, fe actory, street, office bldg., e		y or town)	(County)		(Stete)
	21. I certify	that (I) (this hosp	haj) attend	ded the deceased from	4-10-	1967 10	4-3	7, 196)	that (I)	(عسر) last
		sed alive on	4-5		at death occured at					
	22a. SIGNATURE	()X	T.	Me	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	4	1-25	SIGNED
	22c. PHYSICIAN'S NAME (Type		, PA	PUITT	DRUN	ISWI	ck, M	JARY Z	AND)
23a	BURIAL, CREMAT REMOVAL (Specify	1000, 236. DATE THE	REOF	23c. NAME OF CEMETER			int of	Rocks		(Stete)
24	FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		REC'D BY REGIS		GISTRAR'S SIG		
K	V. ple T-	eece 51	·unsw	ick, Marylan	DATE DATE	APR 26 1	62 4	inched de 1	Manual.	

MARYLAND STATE DEPARTMENT OF HEALTH



	MAKILAND STATE DEPAKIMENT OF REALTH	
DIXISION QE	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIA	MORE 1, MARYLAND
04032	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTI/ CERTIFICATE OF DEATH	04529

1.	PLACE OF DEATH a. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE a. STATE Mary	EE (Where deceased fived, If Institution, R Land b. COUNTY Fre				
I	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	NGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) Brunswick					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g	ive street address)	d. STREET ADDRESS 208 It All Street					
3.	NAME OF DECEASED (Type or print) Ida Louiso	Middle Math	Last	4. DATE Month OF DEATH 11	Dey Yeer 192			
5.	SEX 6. COLOR OR RACE 7. MARRIED 1	210	DATE OF BIRTH -11-1877	9. AGE (In years IF UNDER 1				
10a	e. USUAL OCCUPATION (Give kind of work one during most of working life, even if refired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Count Baltimer		ZEN OF WHAT COUNTRY?			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	Do not know				
15. (Ye			FORMANT endus Math	Address tias, Brunswick, Ma	ryland			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremi 434 Conditions, if eny, which geve rise to immediate cause (e), stating the underlying DUE TO DUE TO DUE TO DUE TO	roses			interval setween onset and death l day			
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	estive Hear		AL DISEASE CONDITION GIVEN IN PART	3 yrs. 1(e) 19. WAS AUTOPSY PERFORMED? YES NO X			
MEDICAL CERTIFIC	OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING OR CAUSE OF DEATH AND CAUSE OF DEATH OR CAUSE OF D		(Enter neture of Injury in P. E OF INJURY (Home, form, y, street, office bldg., etc.)	20f. (City or town) (Coun	ty) (Stete)			
	21. I certify that (I) (this hospital) attended the saw the deceased alive on April 16,				62that (I) (we) last ne date stated above.			
	22c. PHYSICIAN'S NAME (Type) C.T. Byron Kao,	M D	PHYS. DI	ED. STAFF RECTOR PHYS.	4-18-62			
23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. REMOVAL (Spacify)	NAME OF CEMETERY OF	R CREMATORY	ng Hollow, Bruns 23d. LOCATION (City, town or county)	(Stete)			
24	FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE	andon Park Address aryland	25a. REC'	Baltimere, Mary D BY REGISTRAR'S S R 2 3 '62 Continua L.	IGNATURE			

TO HOSPITAL OR AP DING PHYSICIAN: The law requires that the death certificate be executed within 24 h, efter death.

Yes a may be go by the hospital or attending physician.

Yes IO FU. AL DIRECTOR: After this certificate has been signed by the attending physician and complete filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon page and and 2 should be detached for use as the burial-transit permit. Then please remove carbon page and and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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			1	1
OSPITAL OR A. DING PHYSICIAN: The law requires that the death certificate be executed within 24 hafter		eral	tor, page 3 should be detached for use as the burial-iransit permit. Then please remove carbon pape. Pages 1 and 2 should	A
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thin		ed	ages	s aft
×		:5=	2	hour
ufec		ole	pde	72
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SPI			P. D	≯ P
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04533

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

1. PLACE OF DEATH

Frederick

			TAL OR I	NISTITI ITI	ON /if not			4.4	A CERTE								
01	1	d. NAME OF HOSP		431110111	Old fill hol	t In hospita	al, give street a	-ddress)	d. SIKEE	T ADDRESS						ON A	
	F	rederic	k Me	mor	ial				28 0	arver	apt				1	_	NC
		NAME OF DECEASED			First		Middle	0	Last		. DATE	M	onth		Dey	Yeer	
		(Type or print)		Sar	ah		Ann		Moore		DEATH	Ap:	ril		6	19	6
	5.	SEX	6. CO			MARRIED [NEVER MAI	RRIED 8.	DATE OF BIR		9.	AGE (In ye	ars IF			UNDER	24
	F	Pemale		negr		DOWED 1	The second second		4-5-18	397		last birthda	1	onths De	ys H	lours	M
	10a	. USUAL OCCUPAT	TION (Giv	ve kind of	work	10b. KIND	OF BUSINESS			LACE (County	& Stete, or	foreign coun	try)	12. CITIZE	N OF W	HAT C	OU
	001	Domesti	C mang me	, even II	rettreat	100	6-36-36-36-3, 53	*	Fred	lerick	Co,	Md		U	.S.	A	
	13.	FATHER'S NAME	44			200			14. MOTHER	'S MAIDEN N	AME						
T		Levin L	eaki	ins				14/3/	Bar	bara .	Ann G	asso	way				
-		WAS DECEASED EV					CIAL SECURIT	Y NO. 17. I	NFORMANT			Add	ress	Fred	eri	ck,	M
	1.0	no		****		- 1	none	Ar	na Ma	ry Am	bush	2	43	Cent	er :	St	
		18. CAUSE OF				se per line	for (e), (b), en	d (c).)		,	,					AL BET	
		PART I. DEAT	IMMEDIA	CAUSED 8	E (e)	FER	NICIOU:	s FINI	EMIA-	Untr	earteg	5	ومراح	ve.	Un	Rne	20
		290.0)	DUI	E TO	0										1	
		Conditions, if en			(b) 7	CER	EBRA	4 71	HROM	130515					12	ho	Ui
	_																
		gave rise to immed		- DIII	E TO												
		(a), stating the cause last.		- DIII	(c)												
2	NON	(a), stating the cause last.	underlying	DUI	(c)	NS CONTR	IBUTING TO D	EATH BUT NO	T RELATED TO	THE TERMINA	L DISEASE	CONDITION	GIVEN	IN PART 1(e) 19.	WAS A	UTC
2	CATION	(a), stating the cause tast. PART II. OTHE	undertying R SIGNIFI	ICANT CO	(c)								GIVEN	IN PART 1(e) 19. YES	1	
2	RTIFICATION	(a), stating the cause last. PART II. OTHE 20a. ACCIDENT WOR CONTRIBUTING	R SIGNIFI	ICANT CO	(c)ONDITION		IBUTING TO D						GIVEN	IN PART 1(1	
2	CERTIF	(a), stating the cause last. PART II. OTHE 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	R SIGNIFI AS UND G CAU MEDICA	ERLYING SE OF DEAL EXAMI	(c)ONDITION	b. DESCR	IBE HOW INJU	RY OCCURED.	(Enter nature	of injury in Pe	rt I or Pert II	of item 18.)	GIVEN		YES	口	NO
2	CERTIF	PART II. OTHE 20a. ACCIDENT W OP. CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJI	R SIGNIFI AS UND G CAU MEDICA	ICANT CO	(c)ONDITION	b. DESCR	IBE HOW INJU	RY OCCURED.	(Enter nature	of injury in Pe	rt I or Pert II	of item 18.)	GIVEN	IN PART 1(YES	口	NO
2	MEDICAL CERTIFICATION	(a), stating the cause last. PART II. OTHE 20a. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJU- Hour a.m. p.m.	R SIGNIFI AS UNDI G CAU MEDICA URY M	ERLYING SE OF DEAL EXAMI	(c) ONDITION ATH 201 ATH NER) y, Yeer	b. DESCR	URY OCCURRE Not While at work	RY OCCURED.	(Enter nature CE OF INJURY ory, street, office	of injury in Pe (Home, ferm, te bldg., etc.)	20f. (City	of item 18.) or town)	,	(County	YES	P	NO (Sta
2	CERTIF	PART II. OTHE 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJI Hour a.m.	R SIGNIFI AS UNDI G CAU MEDICA URY M	ERLYING SE OF DEAL EXAMI	(c) ONDITION ATH 201 ATH NER) y, Yeer	b. DESCR	URY OCCURRE Not While at work	RY OCCURED.	(Enter nature CE OF INJURY ory, street, office	of injury in Pe (Home, ferm, te bldg., etc.)	20f. (City	of item 18.) or town)	,	(County	YES	P	NO (Sta
2	CERTIF	(a), stating the cause last. PART II. OTHE 20a. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJU- Hour a.m. p.m.	R SIGNIFI (AS UNDIFICACION MEDICA URY MEDICA That (II)	ERLYING SE OF DEAL EXAMINATION OF THE PROPERTY	(c) ONDITION ATH NER) y, Yeer 19 ospital)	20d. INJ While et work	BE HOW INJU	RY OCCURED. D 200. PLA facto	(Enter nature	of injury in Pe (Home, ferm, ce bldg., etc.)	20f. (City	of item 18.) or town)	<i>G.</i>	(Count)	YES	(U) Stafed	NO (Sta
2	CERTIF	PART II. OTHE 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJI Hour a.m. p.m.	R SIGNIFI (AS UNDIFICACION MEDICA URY MEDICA That (II)	ERLYING SEE OF DEAL EXAMINATION DOS	(c) ONDITION ATH ATH NER) y, Yeer 19 Ospital)	20d. INJ While et work [IBE HOW INJU	RY OCCURED. D 200. PLA facto	(Enter nature	(Home, ferm, te bldg., etc.)	20f. (City	of item 18.) or town)	<i>G.</i>	(Count)	YES	(D)	We Sta
2	CERTIF	(a), stating the cause last. PART II. OTHE 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY Hour a.m. p.m. 21. I certify saw the decea 22e. SIGNATURE	R SIGNIFI (AS UND) G CAU! Y MEDICA URY what (II) sed aliv	ERLYING SEE OF DEAL EXAMINATION DOS	(c) ONDITION ATH ATH NER) y, Yeer 19 Ospital)	20d. INJ While et work [IBE HOW INJU	RY OCCURED. D 200. PLA facto	(Enter nature CE OF INJURY Ary, street, office death occur D. ATTENDI	(Home, ferm, te bldg., etc.)	20f. (City	of item 18.) or town)	<i>G.</i>	(Count)	YES	(U) Stafed	We Sta
2	CERTIF	(a), stating the cause last. PART II. OTHE 20a. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJI Hour a.m. p.m. 21. I certify saw the decea	R SIGNIFI (AS UNDO CAU MEDICA WEDICA that (I) sed aliv	ERLYING SE OF DEAL EXAMINATION (this he eve on	(c) DNDITION ATH 201 ATH NER) y, Yeer 19 Ospital)	20d. INJ While of work	IBE HOW INJU	RY OCCURED. D 20e. PLA. facto assed from , and that	(Enter nature CE OF INJURY, street, office death occur D. ATTENDIPHYS. 22d. AE	(Home, ferm, te bldg., etc.) Jured a Dir	20f. (City) 20f. (City) 1.M., from D.	of item 18.) or town) the caus STAFF PHYS.	Ges an	(County , 194 d on the	YES	(U) Stafed	we dal
2	MEDICAL CERTIF	(a), stating the cause last. PART II. OTHE 20a. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJI Hour a.m., p.m. 21. I certify saw the decea 22e. SIGNATURE 22c. PHYSICIAN'S NAME (Type	R SIGNIFI (AS UND) G CAU MEDICA URY What Sed aliv	ERLYING SE OF DEAL EXAMINATION OF THE SE OF TH	ONDITION ATH 201 ATH NER) 19 Ospital) hard	20d. INJ While of work [IBE HOW INJU	PLA 200. PLA factor fac	CE OF INJURY Ary, street, office death occur D. ATTENDI PHYS. 22d. AE	(Home, ferm, te bldg., etc.) Jured a Director of Dire	20f. (City) 2.62 to. 3.M, from D. ECTOR	of item 18.) or town) the caus STAFF PHYS.	es an	(County, 19 d on the	YES	Chafec 22b.	we de al
2	MEDICAL CERTIF	(a), stating the cause last. PART II. OTHE 20a. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJI Hour a.m. p.m. 21. I certify saw the decea 22e. STGNATURE 22c. PHYSICIAN'S NAME (Type BURIAL, CREMAT REMOVAL (Specify	R SIGNIFI (AS UNDIG CAU') (AS UNDIG CA	ERLYING SE OF DE/AL EXAMINATION DAY On this howe on Ricl	(c) DNDITION ATH 201 ATH NER) 19 Ospital) Cay thard	20d. INJ While of work [URY OCCURRENCE Not While at work of the decerming to the decermination to the decerminatio	PLA 200. PLA factor fac	CE OF INJURY Ary, street, office death occur D. ATTENDI PHYS. 22d. AE	(Home, ferm, te bldg., etc.) Jured a Director of Dire	20f. (City 20f. (City 10. M, from D. ECTOR hurch 23d. LOCA	of item 18.) or town) the caus STAFF PHYS. [es an	(County, 19 d on the	YES	Stafec 22b.	we (State We all all state)
2	MEDICAL CERTIF	(a), stating the cause last. PART II. OTHE 20a. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJI Hour a.m. p.m. 21. I certify saw the decea 22e. STGNATURE 22c. PHYSICIAN'S NAME (Type BURIAL, CREMAT REMOVAL (Specify SUL' 1 a]	R SIGNIFI (AS UNDIG CAU (AS UNDIG	ERLYING SE OF DE/AL EXAMINATION DAY On this he we on Ricl The Date 4-9	(c) DNDITION ATH 201 ATH NER) 19 Ospital) Cay thard	20d. INJ While of work [IBE HOW INJU	PLA 200. PLA factor fac	CE OF INJURY Ary, street, office death occur D. ATTENDI PHYS. 22d. AE	(Home, ferm, re bldg., etc.) ING ME DIRESS E. C	20f. (City	of item 18.) or town) the caus STAFF PHYS. [Transition (City	es andeded	(County)	YES hate	(Stafed	We ab
2	WEDICAL CERTIF	(a), stating the cause last. PART II. OTHE 20a. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJI Hour a.m. p.m. 21. I certify saw the decea 22e. STGNATURE 22c. PHYSICIAN'S NAME (Type BURIAL, CREMAT REMOVAL (Specify	R SIGNIFI (AS UND) G CAU! Y MEDICA URY M that (II) sed alin TON, 23	ERLYING SE OF DEAL EXAMINATION (this he eve on Ric) Ric b. Date 4-9 HATURE	(c) DNDITION ATH 201 ATH NER) 19 Ospital) Cay thard	20d. INJ While et work [attende	URY OCCURRENCE Not While at work of the decerming to the decermination to the decerminatio	RY OCCURED. D 200. PLA: factor factor m., and that M. Lds F CEMETERY C	CE OF INJURY ONLY, street, office death occur D. ATTENDI PHYS. 22d. AD C. CREMATO	(Home, ferm, re bldg., etc.) ING ME DIR STRY 25a. REC'E	20f. (City	of item 18.) or town) the caus STAFF PHYS. [es andeded	(County)	YES hate	(Stafed	we)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

MARYLAND

c. LENGTH OF STAY IN 16

e. STATE

Maryland

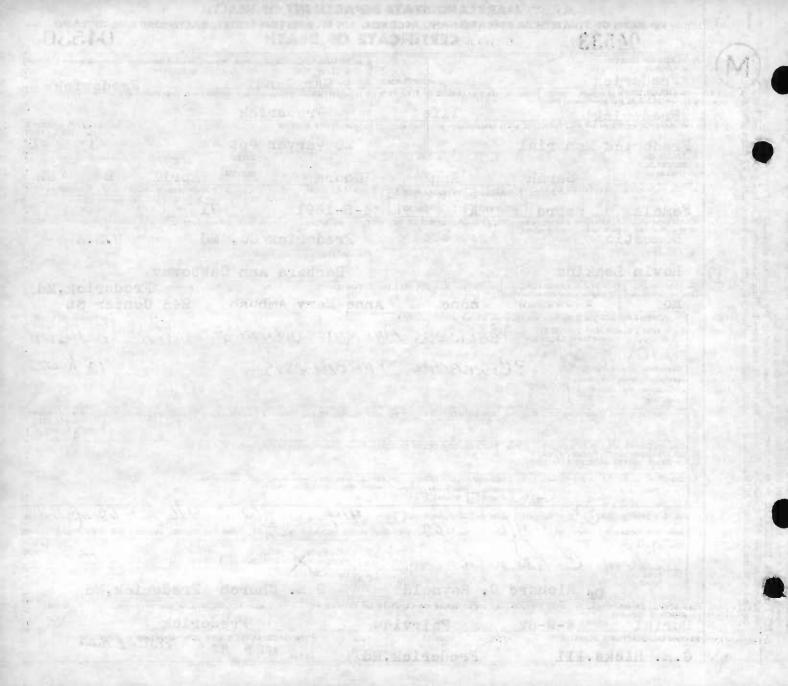
04530

2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)

Mary land

C. CITY OR TOWN If outside corporate limits, write RURAL and give nearest lown)

b. COUNTY



	DIVISION 045	of STATISTICA	MAK AL RESE		RECORDS
1.	PLACE OF DEATH				
/	न प्रम	ederick		MAF	RYLAND
	b. CITY OR TOWN (if	outside corporate limit	ts,	c. LENGTH OF S	TAY IN 1b
		give neerest town)			
-	d. NAME OF HOSPIT	AL OR INSTITUTION (if not in hos	pital, give street ac	dress)
3.	Frederick	Mellol.Ta	T UOS	spital Middle	
٥.	DECEASED	11121		Middle	
		ARENCE		P	NA
5.	SEX	6. COLOR OR RACE	7. MARRIE	NEVER MAR	
	male	white	WIDOWE	D DIVOR	CED N
10	a. USUAL OCCUPATI	ON (Give kind of work	1Db. KI	IND OF BUSINESS	-
d	one during most of wor	king tife, even if retire	d)		
10	Laborer				
13	. FATHER'S NAME				
	Uriah N	[aill			
	. WAS DECEASED EVE	R IN U.S. ARMED FOR		SOCIAL SECURITY	NO. 17. II
(1	es, no, or unkown) (If	yes give war or dates of s	ervice)	12 16 01	166 16-
-	No+-	EATH [Enter only one	cause per li	13-16-04	
	The second secon	WAS CAUSED BY:	1)1	1	. // 5
	I A C	MMEDIATE CAUSE (+)	1	dejala	iclia
	477	DUE TO	P	1	1200
	Conditions, if eny		10	rimar	40
	geva rise to immedia	ete ceuse		1	1
	(a), stating the us	DILL TO		11/11	0
	cause last.) (c)		- 666	ul
Z	PART II. OTHER	SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DE	ATH BUT NO
CERTIFICATION	The Later Control				
SE	2De. ACCIDENT WA	AS UNDERLYING	2Db. DES	CRIBE HOW INJUR	RY OCCURED.
ERTI	OR CONTRIBUTING	CAUSE OF DEATH	204. 013		, o cooker.
		MEDICAL EXAMINER)			
WEDICAL	2Dc. TIME OF INJU	RY Month, Dey, Ye		INJURY OCCURRE	D 20e. PLA
LEDI	Hour e.m.	10	While et wor		1 10010
×		19		had been	- 1
	21. I certify the	nat (I) (this hospi	raf) attend	- // 7	
	saw the deceas	ed alive on	Cyl	14 1919 2	and that
	22e. SIGNATURE	01	-11	11	1
		1 colse	Y	Micali	Co) M.
	22c. PHYSICIAN'S	10000	1 17	1	M.
	NAME (Type)	Dobont	C II-	amb a = 3	f D
				ighes, 1	
2:	BURIAL, CREMATI	ON, 236. DATE THE	REOF	23c. NAME OF	CEMETERY C
	Burial	Apr.7,	1962	Locust	Grove
2	FUNERAL DIRECTOR		, , , ,	ADDRESS	
7.	TOTALINE DIRECTOR				

Rural -- Mount IS RESIDENCE ON A FARM? R. D. 4 YES NO 4. DATE Month Yaar 19 62 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH last birthday) Months | Days Tay 5, 1892 69 yrs. 12. CITIZEN OF WHAT COUNTRY? Frederick Co., Md. Address S # 2 INTERVAL BETWEEN ONSET AND DEATH Myrtle E. Naill. Same as PERFORMED? (Enter nature of injury in Pert 1 or Pert II of item 1B.) CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.) 22b. DATE SIGNED PHYS. DIRECTOR 22d. ADDRESS Frederick, Maryland 23d. LOCATION (City, town or county) Cemetery Frederick Co., Maryland 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE C. M. Waltz, Box 241, Sykesville, Md. Cirthur S. Trans DATE APR 6

OF DEATH

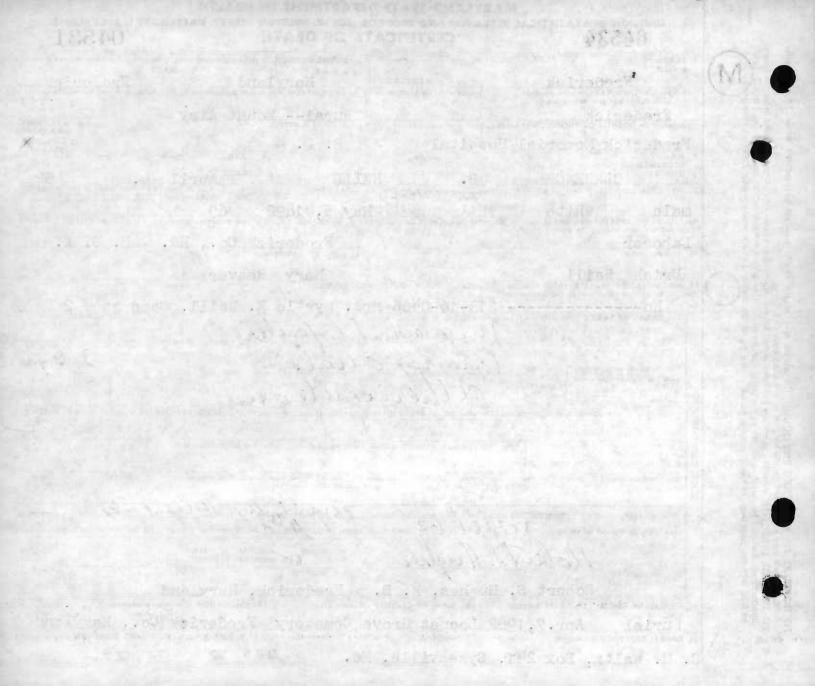
Maryland

2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)

Frederick

EPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



				1	
after		funeral	shoots	1	1
R AT DING PHYSICIAN: The law requires that the death certificate be executed within 24 for	ed by the hospital or attending physician.	RECTOR: After this certificate has been signed by the attending physician and complete illed in by the funeral		_	
R AT DIN	y be	RECTOR: Aft	nould be detac	state Dept. of h	

TO HOSPITAL

We wanted to be seen to be filed with the

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

04535

CERTIFICATE OF DEATH

04532

1. PLACE OF DEAT •. COUNTY Free	derick	MARYLAND	e. STATE Mam		b. COUNTY Fre	Residence before edmission) derick
b. CITY OR TOWN write RURAL en Braddock	(if outside corporete limits, ad give nearest town) Heights	Since 5/19/6		N (If outside corporete	limits, write RURAL en	d give neerest town)
	ital or institution (if not i		d. STREET ADDRES	SS		ON A FARM?
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Dey Yeer
(Type or print)	DAISIE	ALICE RA	NNEBERGER	DEATH	April	18, 1962
5. SEX Female	7877 4 4	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 4 Aug 1877		E (in yeers IF UNDER 1 Months yrs.	YEAR IF UNDER 24 HRS. Deys Hours Min.
	orking life, even if retired)	At Home			un country) 12. CIT	A A
13. FATHER'S NAME			14. MOTHER'S MAID			
Charles F			Clara Cr	raver		
(Yes, no, or unkown)	VER IN U.S. ARMED FORCES? (If yes give weror dates of service)		Robert M. Ran	meberger	(Same as i	tem #2)
geve rise to immed (e), steting the cause last. PART II. OTH	underlying DUE TO (c)	CONTRIBUTING TO DEATH BUT	VILLICO -			PERFORMED?
OR CONTRIBUTING	WAS UNDERLYING 20b. G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUP	RED. (Enter neture of injury	In Pert I or Pert II of ite	om 18.)	YES NO
20c. TIME OF INJ Hour e.m. p.m.			LACE OF INJURY (Home, f actory, street, office bldg.,		own) (Cou	inty) (State)
	that (I) (this hospital) assed alive on 2	ttended the deceased from		., 1946 to 18		the date stated above
220 SIGNATURE	eles 1/ (D)	uleg A	M.D. ATTENDING PHYS. 22d. ADDRESS		TAFF	Apr 1962 SIGNED
22c. PHYSICIAN': NAME (Type		aley, Jr., M. D.		Market St.,	Frederick	, Md.
23e. BURIAL, CREMA REMOVAL (Specify	110N, 23b. DATE THEREOF	Mount Olive			ck, Maryla	
M. R. Etc	or's SIGNATURE Franchison & Son. I	rederick. Mary		REC'D BY REGISTRAR APR 2 3 '62	25b. REGISTRAR'S	

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Charles II. Comies. Will II. D. Calles A. Lerber St., Lromeride, Jd.

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MADVIAND STATE DEDADTMENT OF HEALTH

UTR		CERTIFICATE	OF DEATH			0	4534	1
1. PLACE OF DEAT	H		2. USUAL RESIDEN		eceesed lived, If	TV		edmission
Fred	erick	MARYLAND	e. STATE Mary	land	b. COO!	Fred	erick	
	(if outside corporete limits, d give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corp	porete limits, write	RURAL end g	ive neerest tov	wn)
Frederic	k	46 Years		erick				
	k Memorial Hospi		d. STREET ADDRESS		hird Str	eet		A FARM?
NAME OF DECEASED	First	Middle	Lest	4. DATE	Month	ĺ	Dey Yee	ir
(Type or print)	SOPHIE	JULIANNA	REICH	DEATH	A A	pril 2	19	62
5. SEX	6. COLOR OR RACE 7. MARR	ED NEVER MARRIED	B. DATE OF BIRTH	15	AGE (In yeers last birthday)			R 24 HRS.
Female	White WIDOW	ED DIVORCED	21 Feb 1885		77 yrs.	Months De	ys Hours	Min.
Da. USUAL OCCUPA	TION (Give kind of work 10b.	KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (Cou	inty & State, or	r foreign country)	12. CITIZE	N OF WHAT	COUNTRY
Retired-Re	gistered Nurse	Private Duty	Frederick	County	y Marylai	ad US	A	
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
Isaac S.	Reich		Annie Zimm	erman				
5. WAS DECEASED E	VER IN U.S. ARMED FORCES? 16	. SOCIAL SECURITY NO. 17.	INFORMANT		Address			
No	(If yes give wer or detes of service)	None Pr	earranged by	deceas	sed			
	DEATH [Enter only one couse per	line for (e), (b), end (c).)					INTERVAL BE	DEATH
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	brenia					1000	Lyo.
Conditions, if en	y, which Due to Bill	lat, hydrones	broses				?	
geve rise to immed (e), steting the cause last.	DUIC TO L	At Prone	deresé				?	
	ER SIGNIFICANT CONDITIONS CO	TRIBUTING TO DEATH BUT NO	RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1		
Catas	in-sclopation	Joan + 1/1 +1	Parkenen	a ON	, 1 Ca	la	YES X	ORMED?
	VAS UNDERLYING 20b. DI	SCRIBE HOW INJURY OCCURE). (Enter neture of injury in	Port I or Pert	Il of item 18.)		et E	
OR CONTRIBUTING	G CAUSE OF DEATH Y MEDICAL EXAMINER)							
20c. TIME OF INJ	URY Month, Dey, Year 20d Whi	leNot While fec	ACE OF INJURY (Home, fa tory, street, office bldg., et		ty or town)	(County	′)	(Stete)
	that (I) (this hospital) atte			1951, 10	4/2/	162	., that (I)	(we) la
		2 10 and tha						
220 SIGNATURE	ised alive oil	alla Illa	deall occurso at	#/vi, 11 OI	III IIIO Cadaos	ano on me		b. DATE
Charl	es H Coule	ey x.	A.D. ATTENDING PHYS.	MED. DIRECTOR [STAFF PHYS.	23 Ap	r 1962	SIGNE
22c. PHYSICIAN'	1	ey, Jr., M. D.	22d. ADDRESS 228 N. M	arket S	St., Free	derick,	Maryl	and
38. BURIAL, CREMA	TION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOC	CATION (City, to	wn or county)	(5	Stete)
BUY 181 (Specifi	1 4-24-62	Mount Olivet	Cemeterv	Free	derick. M	Marylan	d	

250. REC'D BY REGISTRAR APR 2 5 62

DATE

256. REGISTRAR'S SIGNATURE

M. R. Etchison Son, Frederick, Maryland

TO FORM THE STATE DIRECTOR: After this certificate has been signed by the attending physician and completed with the State Dept. of Health prior to burial-transit permit. Then please remove carbon papes, ages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. DING PHYSICIAN: TO HOSPITAL death. VR A15 (4) 15M 9/60

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CANTESTON THAT

Committee H. Comfrey, Sir., M. L. 228 L. Markett St., Frederick, Margiana

Lough Office Committee | Transfer of Jay 10 June 1 59-15-1 241-16

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY Frederick MARYLAND Maryland the 12 by i and deat b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and giva neerest town) write RURAL and give nearest town) Jefferson-Rural 32 Years Jefferson-Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Near Jefferson Near Jefferson 3. NAME OF (Also known as Frederick Nelson Ramsburg) 4. DATE Month (Type or print) DEATH REMSBERG FREDERICK NELSON April 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR ast birthday) June 1890 Male White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) done during most of working lifa, even if retired) Farm Owner Lewistown. Md. Farmer 0 0 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending p 2 Mary Alice Rice Howard Remsberg ple 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyes give wer or detes of service) Mrs. Ida C. Remsberg (Same as item #1) 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c). iosclerate heart disease with PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (e) questionable acute myorardial DUE TO Conditions, if eny, which (b) geva rise to immadiate ceuse DUE TO (a), steting tha underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of itam 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 2Dc. TIME OF INJURY Month, Day, Yaer 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, 2Df. (City or town) factory, streat, offica bldg., atc.) While Not While Hour a.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from 3-30 4-14-, 19.6.2-that (I) (we) last 22e. SIGNATURE ATTENDING X DIRECTOR T PHYS. 22c. PHYSICIANS 22d. ADDRESS Rex R. Martin, M. D. 220 N. Market St., Frederick, Md. filed, 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) Burial (Specify) Methodist Cemetery 4-18-62

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VR A15 (4)

15M 9/60

executed

death

physician.

24 FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick. Md. Lewistown, Md.

25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

8 62

would & Thouse

(County)

Frederick

Day

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Months

. IS RESIDENCE

YES X NO

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Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

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(State)

22b. DATE

(Stete)

16 Apr 1962 GNED

12. CITIZEN OF WHAT COUNTRY

IF UNDER 24 HRS.

ON A FARM?

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Sex R. Martin, M. L. 225 M. Smrket St., Traderick, Mc.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) PLACE OF DEATH a. COUNTY b. COUNTY Prederick a. STATE Maryland Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Brunswick Brunswick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS North Virginia Avenue 16 Virginia Avenue executed 3. NAME OF DATE DECEASED (Typa or print) DEATH Shewbridge larence 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | and c 5. SEX last birthday) WIDOWED DIVORCED | physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if ratirad) U.S.A. B.&.O.R.R.C. West Virginia Telegrapher attending pl 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 2. and Shewbridge Mary Hoos requires that the 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyas giva war or datas of service) Mrs. Geraldine Jones, Brunswick, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gava risa to immediate causa DUE TO (a), stating the undarlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION as 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Month, Day, Year factory, streat, office bldg., etc.) Not While Hour am at work at work CTOR: p.m. 21. I certify that (1) (this hospital) attended the deceased from. 2 and that death occured et 10 M. Grom the causes and on the date stated above. ATTENDING PHYS. AAL AAL M.D. 22d. ADDRE NAME (Typa) 23d. LOCATION (City, town or county) 23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 Buria Ferry West 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE SUNERAL DIRECTOR'S SCHIATURE **ADDRESS**

Brunswick, Maryland

VR A15 (4) 15M 7/61

DATE APR 2 3 '62

arthur & Kraus

. IS RESIDENCE ON A FARM?

YES NO WAS

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INTERVAL BETWEEN

PERFORMED? NO

(State)

(State)

IF UNDER 24 HRS.

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HYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1.	PLACE OF DEATH			ALABYI AND	2. USUAL RESIDENCE o. STATE	(Where deceased lived	d. If institution: R	tesidence before	admissian)
	Frederi	CK		MARYLAND	maryle	and	Fred	crick	
	b. CITY OR TOWN (If RURAL and give neo	rest tawn)		c. LENGTH OF STAY IN 16	250	(If outside corporate I	imits, write RURAI	L and give neare	est town)
	Treder.			5415 + 2/2 mo.	Brunsu				
	d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, g	give street or	ddress)	d. STREET ADDRES	S		e.	ON A FARM?
F	rederick (county el	SINSTE	Trospital	303 W	Alnut S	f		YES NO
3.	DECEASED	Fi		Middle	Last	4. DATE OF DEATH	Month	Day	'eor
	(Type ar print)	ma	6	K	Sine		April	L 13	1962
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH				F UNDER 24 HRS.
L	F	W	WIDOWED	DIVORCED	march 14	1878	8 4 yrs.		Hours Min.
10		ng life, even if retired		IND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (S	tote or foreign country)]	12. CITIZEN OF V	WHAT COUNTRY?
13	FATHER'S NAME				14. MOTHER'S MAIDE	EN NAME			
1	10 - 0	31			12- 0	7 0.	1		
1	WAS DECEASED EVER	. House	CECO INC.	OCIAL CECUDITY NO. 137 1	NFORMANT	V. ISA	Address		
		f yes, give war or dates of:		OCIAL SECURITY NO. 17. 1	NIORMANI		Address		
	18. CAUSE OF DEAT	TH [Enter only ane co	use per line	for (a), (b), and (c).]	/		4.	O NICE:	VAL BETWEEN TAND DEATH
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (c	, C	mours (s	rdio (scular	disea	se 5	418
	1100	DUE TO							
	000	2							
	Conditions, if all gave rise to im)(
	cause (a), stating t								
	lying cause lost.) (:)						
Z	PART II. OTHI	ER SIGNIFICANT CON	IDITIONS CO	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE T	ERMINAL DISEASE CO	NDITION GIVEN I	IN PART 1(a) 19.	WAS AUTOPSY PERFORMED?
IT									YES NO P
F	20g. ACCIDENT WAS	S LINDERLYING I	20h. DESCI	RIBE HOW INJURY OCCURR	FD. (Enter nature of injury	v in Part I or Part II of	item 18.)		
L CERTIFICATION		CAUSE OF DEATH MEDICAL EXAMINER)	2001 0200		zor (zmor najoro or mjor)				
WEDICAL	20c. TIME OF INJURY	Month, Day, Ye	or 20d. IN.		LACE OF INJURY (Home,		own)	(County)	(State)
03	Hour a.m.	19	While at work	INGI WHITE	octory, street, office bldg.,	, etc.)			
>	p. m.		di voik	G di noix	Rail	- M (1)	. /3	134	
	21. I certify that	(I) (this haspita) attende	ed the deceased fram	par	19.1 . ta	W 1 2	196_4 tha	it (1) (we) last
	saw the decease	ed alive an	W/C	1 196 2 and that	death accurred at	LPM, fram the	causes and a	on the date	stated abave.
	22a. SIGNATURE	XL 19	0			1			22b. DATE
		11 4 Jel	ine		M.D. ATTENDING	MED. ST	AFF HYS.	ag	01462
	22c. PHYSICIAN'S	11 ~ ~	/.	- C - C - C - C - C - C - C - C - C - C	22d. ADDRESS			20 0	
	NAME (Type)	11.1-1	IIN	EM.D.	71	Edrician	(//	la.	
23	a. BURIAL, CREMATION	V. 23b. DATE THERE	OF	23c, NAME OF CEMETERY (OR CREMATORY	23d. LOCATION	(City, town, or co	ounty)	(Stote)
-	BEMOYAL (Specify)	4-16-	-62	SAINT MI	9RYS	PETE	proper stems seeks .	LLE,1	Md
24	FUNERAL DIRECTOR'S			ADDRESS	250	RECORDERY REGISTRAR	1	AR'S SIGNATURE	7
1	11 4 1-	1 -	MINC	WICK MAI	DULDKI	WEN 18 07		47 L. Hray	
16	1, All Fee	a 12 n	0113	01611/11/11	DATE			- a / wall	4

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Defuner DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL moy be VR A15 (4) 15M 9/59

OR ATTEND

PERM

CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If Institution: Residence before admission) a. COUNTY Frederick b. COUNTY Maryland Frederick by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give nearest town) .⊑ =. Brunswick Brunswick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO MA Avenue 3. NAME OF Middle 4. DATE Month Dey Yee DECEASED OF comple DEATH (Type or print) All ma Smith 19 62 0 Lerena 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours Min. Fowale WIDOWED !! DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad) Housewife OMO Maryland T.S.A. please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .5 and Jashua Laura 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address removal, (Yes, no, or unkown) | (If yes give war or detas of service Mrs.Lee Smith, Brunswick, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH waslbrones PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if any, which (b) geve rise to immadiate cause certificate has by use as the buri DUE TO (a), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO L CERTIFICA P 20e. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20e, PLACE OF INJURY (Home, ferm, 20d. INJURY OCCURRED (State) 20c. TIME OF INJURY Month, Dey, Year 20f. (City or town) (County) factory, streat, office bldg., atc.) While Not While Hour a.m at work at work 21. | certify that (I) (this hospital) attended the deceased from and that death occured at M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIANS NAME (Type) J.G.F. Smith Brunswick, Maryland ector. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) Saint Marks O Petersville Maryland 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE ADDRESS APR 3 0 '62 arily & Kraus Brunswick, Maryland 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH RIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

and c. attending parts of Then please ending physician. been signed by the affending eath. VR A15 (4)

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be executed

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HYSICIAN: The tow requires that the death certificate be executed within 24 hours ofter death. DIRECTOR: After this certificate has been signed by the ottending physician and completely filled Then pleose remove corbon popers. Poges 1 page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the State Board of Health prior to burial, cremation, or removal, and in any event within 72 hours ofter death. TO HOSPITAL OR ATTENDI moy be

VR A1S (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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FICATE	OF DE	ATH	04538	
			04000	

a. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	b. CO	nstitution: Residence before PUNTY Freder	
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Frederick	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		write RURAL and give no	arest town)
d. NAME OF HOSPITAL (If not in haspital, give stree OR INSTITUTION 308 Adam Road	st address)	d. STREET ADDRESS	n Road		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) James:	D. Middle Snider	Last	4. DATE OF DEATH ADI	Manth Do	19 62
167.0	RRIED NEVER MARRIED DIVORCED DIVORCED	Jan • 5-1926	9. AGE (In lost birth	yrs. Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired) Machinist	b. KIND OF BUSINESS OR INDUS	Pennsylva	nia	12.CITIZEN O	A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		
Clarence M. Snider		Bessie	Neal		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give wor or dates of service)		formant s. James D. S	niden_ZOS A	Address dam Rd - Fre	deni ek-14
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, which gave rise to immediate cause (a), stoting the under-lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS		y an few 5		1	19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. Hour o. m. Whi	Land Land	O. (Enter nature of injury in a ACE OF INJURY (Hame, form lary, street, affice bldg., etc	n, 20f. (City ar tawn)	(County	YES NO 24
21. I certify that (I) (this haspital) atters as the deceased alive onYI 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) L.R. Schoolman	27 1962 and that d	M.D. ATTENDING MPHYS. DI 22d. ADDRESS	ED. STAFF PHYS. [27, 1962, the sand on the date	e stated abave. 22b. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) Purial (Specify) 14-30-1962	23c. NAME OF CEMETERY O Mt. Olivet C	emetery		town, or county) ck - Karyland REGISTRAR'S SIGNATU	
	ederick-larylan		4	Orlhung S. Kruse	

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Jan. 5-1926

U.S. L. Pennsylvania

No. Teber?

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You W was 11 196-16-3810 Mrs. James D. Snicer-303 Man id - Tradoricionis.

Clarence M. Snider

L.R. Seincolman

810 Yoll House Ave, Frederick-Hd.

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1 FOR STATE		M. Division of STATISTICAL REDIC	SEARCH AND RECORDS	PEPARTMENT OF HEAD, 301 W. PRESTON STREET OF	T, BALTIMORE 1, M	ARYLAND 14539
HEALTH DEPT.	1.	LACE OF DEATH		2. USUAL RESIDENCE (Where	deceesed lived, If institution: Re	sidence before admission
files. Health,		. county Frederick	MARYLAND	a. STATE Marylan	b. COUNTY	A
He He		. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co		give neerast town)
director.	100	write RURAL and give neerest town)		35 Brunswick		
		Braddock Meights. NAME OF HOSPITAL OR INSTITUTION (if not	in hospitel, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
de Rais		Vindabena Cenvales	cont home	519 West Man	le Avenue	ON A FARM
Start		NAME OF First	Middle	Last 4. DATE		Dey Yeer
If a the the the day			Chester S	neets OF DEAT	H),	78 1960
aft of the	5.	EX 6. COLOR OR RACE 7. A	MARRIED THEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yeers IF UNDER 1 Y	EAR IF UNDER 24 HR
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afte 2, 2, 2 ho 2 ho	10a	USUAL OCCUPATION (Give kind of work	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign of		EN OF WHAT COUNTR
Pag s 1 s	40	during most of working life, even if retired)	&.D,R,R,Co	Maryland	TT	2 A
ve Page PM3.	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
		Steve	T.Snoots		Dareus C. McG	n lo z
I Firm Give	1S.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.		Address	Po 100 (G)
Ited will fem 18. with for with for permit.	110	IVO		rs.Ollie Snoot	s.Brunswick.	rd.
n Iter		18. CAUSE OF DEATH Enter only one cause	se per lina for (e), (b), and (c).]		and the second of the second o	INTERVAL BETWEEN
s exe ncil in along ransi and i		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+)	Corona	cy occlusion		CHSET AND DEATH
be se a selftral, a		4201 DUE TO				
in post		Conditions, if any, which (b)				
s a les		geve rise to immediate cause (a), stating the underlying DUE TO				
andi or or		cause lest. (c)				
"perilifi	NO	PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART 1	19. WAS AUTOPS
vord cal E d be	CAT					YES NO
edicoulcoulcoulcoulcoulcoulcoulcoulcoulcoul	CERTIFICATION	20a. EXTERNAL CAUSE WAS 20b. PRIMARY or CONTRIBUTING	DESCRIBE HOW INJURY OCCURED.	(Entar nature of injury in Part t or Pert II	of item 18.)	
ER S		CAUSE OF DEATH.				
WIN Chief o bu	ICAL	20c. TIME OF INJURY Month, Dey, Yeer Hour a.m.		ACE OF INJURY (Home, ferm, 20f. (Catory, street, office bldg., atc.)	ity or town) (Count	(State)
M > 00	MED	p.m. 19	at work at work			
2 0 0 g		21. I certify that I took charge of th	e remains described above, h	eld an Autopsy, Inspectio	n 🔣, Inquiry 📑	and in my opinion
CALIFICATION OF STREET		death resulted from: Natural cause	s 🔀, Accident 🔲, Sui	cide, Homicide, U	ndetermined manner	
O e B e		aMO		CHIEF MEDICAL EXAMINER		
MEDI ite the c forwar L DIR ated ag		SIGNATURE AND STROT	nas	M.D. ASSISTANT MEDICAL EXAM	INER _	DATE SIGNED
uld be forv NERAL D designated		EXAMINER'S		DEPUTY MEDICAL EXAMINER	Chai	4/18/62
DETATE MESSES SHOULD BE FOUNDERAL! Its designate		NAME (Type) B.O. Thomas	22c. NAME OF CEMETERY C	Addrass (Streat, city, town, c	r county) Frederic	k, Md
DEJ shoul FUN	228	BURIAL, CREMATION, 22b. DATE THEREOF			ATION (City, town, or country)	(Steta)
5 g 4 6 p	22	FUNERAL DIRECTOR	Park Moight	24a. REC'D BY REGIS	TRAR 246, REGISTRAR'S SIG	NATURE
VS. A15ME	23.	11 1 11 1-	ek, Maryland	APR 2 3 '		
5M 7/59		i per tell	y man y man or	DATE	2. /	

CALLED WIND OF THE RESIDENCE OF THE PROPERTY O a gradu and a market a St. 14 . The state of the state

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH AFFIT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY director. Page Frederick MARYLAND Maryland b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give neerest town) jo 21 years Frederick Frederick Boar d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street eddress) ō d. STREET ADDRESS 0 239 West Patrick Street 239 West Patrick Street State 3. NAME OF any Last 4. DATE Middla DECEASED OF (Type or print) DEATH Snyder. Jr. April affer Richard Edgar with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In yeers | IF UNDER 1 YEAR 8. DATE OF BIRTH age 5 may 1 1 and 2 with 72 hours at last birthday) and Months Male Whi te WIDOWED DIVORCED after 2,2 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 18. Give Pages 1, 2 form PM3. Page done during most of working life, even if retired) Frederick, Maryland None None pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anna L. Shafer FIG Richard Edgar Snyder,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unkown) (If yes give werordates of service) along with transit permit Mr. Richard E. Snyder Sr. Frederick, Maryland None any 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Broncho-oneumonia Office DUETO burialcertificate should (b) Muscular Dystrophy d "pending" i gave rise to immadiata cause vs 10 **DUE TO** (a), stating tha underlying cause lest. nsed ion, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION 2 cremat TO 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.) PRIMARY or CONTRIBUTING CAUSE OF DEATH. MINER writing be Chief I MEDICAL 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Month, Day, Year 20f. (City or town) factory, street, offica bldg., etc.) While Not While Hour a.m. at work at work prior OR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 1 Inquiry X 0 death resulted from: Natural causes Accident Suicide Homicide Undetermined manner MEDIC forwarde L DIREC CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S 4-17-1962 Dr. B. O. Thomas. NAME (Typa) Address (Streat, city, town, or county) shoul 22a. BURIAL, CREMATION, 22b. DATE THEREOF 回 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) REMOVAL (Spacify) A 4-19-1962 Olivet Cemetery Frederick. 040 g Buria 23- SUNERAL DIRECTIO ADDRESS 248. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 Son Frederick. Varyland DATE

ARYLAND STATE DEPARTMENT OF HEALTH

Frederick

16

U.S.A.

(County)

IS RESIDENCE

ON A FARM?

YES NO A

19 62

IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

3-4 days

21 years

and in my opinion

DATE SIGNED

(State)

PERFORMED?

NO T

(State)

Frederick 21 years Frederick Street x	
239 West Intriok Street	
Richard Mgar Snyder, Jr. April 16, 62	
The The ST-2 x	PLAN
None None Predories, Maryland U.S.A.	Hone
ard Edgar Sayder, Sr. Anna L. Shaf'er	81.00
Hone Wr. Mohard B. Suyder, Br. Frederick, Maryland	0
Promoto-generata 3-4 days	
insonlar Destrophy 21 years	

Im. B. O. Thomas, Sr.

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Teleficial Mary Land

4-17-1962

Tobert . Dille t Son Frederick, Dergland

death. To FUN AL DIRECTOR: After this certificate has been signed by the attending physician and complementally the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pape ages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. The law requires that the death certificate be executed within 24 hou PHYSICIAN: OR AIT

TO HOSPITAL VR A15 (4)

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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		INCE (Where deceese			e before edmission
MARYLAN	Mary Mary	yland	B. COONIT	Frederic	ck
ate limits, c. LENGTH OF STAY IN	b c. CITY OR TOWN	V (If outside corporete	limits, write RI	URAL end give n	eerest town)
3 Years	// Free	derick			
TION (if not in hospitel, give street eddress)			4.0		a. IS RESIDENCE
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First Middle	Last	4. DATE	Month	Dey	Yaer
ICE MARGUERITE	SPENCER	DEATH	Apr	il 10.	19 62
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of work 106. KIND OF BUSINESS OR INDL	ISTRY 11. BIRTHPLACE (Co	ounty & State, or foreign	n country)	12. CITIZEN OF	WHAT COUNTRY
At Home	Ladiesbur	ez. Md.		IISA	
				0.011	
ber	Margaret d	I. Rowe			
D FORCES? 16. SOCIAL SECURITY NO. 1			Address		
etes of service) Unk	Vernon H. Spe	encer (Same	as it	em #1)	
	volument no apo	72.002 (2002)			RVAL BETWEEN
BY: Anto	Periol 1	- iline		ONS	SET AND DEATH
	and go	centerne			
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(b) Careinern	a of vo	nine i. e	muca	ageore.	
UE TO	0				
(c)					
CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CONI	DITION GIVEN	IN PART 1(a) 19	PERFORMED?
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EATH	RED. (Enter nature of injury	in Pert I or Part II of it	am 18.)		
	PLACE OF INJURY (Home, for	erm 20f (City or to	own)	(County)	(State)
While Not While			,,,	(000),	(0.0.0)
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2. 101. 1.	hat death occured a	PM from the	Callege an	d on the dai	te stated above
and I	nar deam occured ar.		C00303 011	id oil life da	
	ATTENDING			12 AT	226. DATE 0r 1962
uez		DIRECTOR L			-,00
Peirer. M. D.		k Medical	Center		
					(State)
Janka Smires	25a. I	REC'D BY REGISTRAR	25b. REGIST	TRAR'S SIGNAT	URE
Son, Frederick Md.	DATE	APR 1 6 '8	>	7	
				withing & of	Teams
	TION (if not in hospitel, give street eddress) First Middle ICE MARGUERITE RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED At Home DEPORT 10b. KIND OF BUSINESS OR INDUCTION At Home DEPORT 10b. SOCIAL SECURITY NO. 12 BY: UNK BY: USE (e) UE TO (b) CONDITIONS CONTRIBUTING TO DEATH BUT CONDITIONS CONTRIBUTING TO DEATH BUT SEATH AINER) 20b. DESCRIBE HOW INJURY OCCURRED While Not While et work 19 POIRT M. D. E THEREOF M. D. E THEREOF M. D.	MARYLAND Itel limits, c. LENGTH OF STAY IN 1b 3 Years TION (if not in hospitel, give street eddress) First Middle MARGUERITE RACE 7. MARRIED MIDOWED DIVORCED OF WORK 10b. KIND OF BUSINESS OR INDUSTRY 11b. BIRTHPLACE (Co. Ladiesbur 14. MOTHER'S MAID Margaret OF FORCES? 16c. SOCIAL SECURITY NO. 17. INFORMANT Vernon H. Species of service) Unk Wernon H. Species of service ULE TO (b) CARCINOMIC TO DESCRIBE HOW INJURY OCCURED. (Enter nature of injury while work while be work while work work while work work while work work and that death occurred at ATTENDING PHYS. Poirer, M. D. E THEREOF 23c. NAME OF CEMETERY OR CREMATORY Union Chapel Cemetery 25b.	MARYLAND Ite limits, c. LENGTH OF STAY IN 1b 3 Years TION (if not in hospitel, give street eddress) First Middle Last A. DATE OF DEATH MIDOWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCES? DEATH At Home Ladiesburg, Md. 14. MOTHER'S MAIDEN NAME Margaret J. Rowe DEFORCES? DEFORCES. DEFORET DEFORCES. DEFORCES. DEFORCES. DEFORCES. DEFORCES. DEFORC	MARYLAND Itel limits, C. LENGTH OF STAY IN 1b 3 Years FION (if not in hospitel, give street eddress) First Middle ICE MARGUERITE RACE 7. MARRIED MIDOWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED Ladiesburg, At Home 10. SOCIAL SECURITY NO. IT. INFORMANT Vernon H. Spencer (Same as it electors) Wild one ceuse per line for (e), (b), end (e), Ist (e) BY: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN DIVORCED DIVORCED 10. SOCIAL SECURITY NO. 17. INFORMANT Vernon H. Spencer (Same as it electrons) We have a company to the permitted of t	MARYLAND In the limits

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TO HOSPITAL OR ATT ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death.

4 may be read by the hospital or attending physician.

5 TO FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and complete Med in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper ages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 04542

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1. PLACE OF DE	eath rederick	1	2. USUAL RESIDER	ICE (Where decessed lived, I	f institution: Residence before admission)
FT	ederick	MARYLAND	Mary	rland	Frederick
	WN (if outside corporata limits, Land give nearest town)	c. LENGTH OF STAY IN 16	11	(If outside corporate limits, wri	te RURAL end give neerest town)
d. NAME OF H	OSPITAL OR INSTITUTION (if not in ho		d. STREET ADDRESS		e. IS RESIDENCE
	Hall Nursing		301	West Fifth St	reet ON A FARM?
3. NAME OF DECEASED (Type or print)	CATHERINE	PHTLABENA	STALEY	4. DATE Mon OF DEATH	pril 4. 1962
5. SEX Female	6. COLOR OR RACE 7. MARRI White WIDOW		16 Feb 1875	9. AGE (In year lest birthdey)	IF UNDER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCC	1	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	inty & State, or foreign country	12. CITIZEN OF WHAT COUNTRY
Retired	of working lifa, even if retired)	omestic	Frederick,	Md.	USA
13. FATHER'S NA	ME .		14. MOTHER'S MAIDEN	NAME	
Conrad	Brust		Louisa Sar	dmyer	
15. WAS DECEASE	ED EVER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. I	NFORMANT	Addre	55
No.	n) (If yes give wer or detes of service)	220-30-4641A Au	gust T. Brus	st. Sr. (Same	as item #2)
1B. CAUSE	OF DEATH [Enter only one ceuse per				INTERVAL BETWEEN
PART I.	DEATH WAS CAUSED BY:	0			ONSET AND DEATH
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1 7	DUE TO CO.	Nais Cinin	stine ta	1/1/20	2 2000
	eny, which (b)	rouse wax	were you		L mar.
	he underlying DUE TO	Oria - Salera	Tio Ala	tdis.	10+Ws.
Z PART II. C	THER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION GI	VEN IN PART 1(a) 19. WAT AUTOPSY
OLIV					YES NO
OR CONTRIBU	IT WAS UNDERLYING 2Db. DE TING CAUSE OF DEATH DTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURED.	(Enter neture of injury in	Pert I or Pert II of item 18.)	
2Dc. TIME OF Hour a		e Not While factor	CE OF INJURY (Home, far ory, street, office bldg., et		(County) (Stete)
1000	ty that (I) (this hospital) atter			1961, to 4/4/	and on the date stated above
22a. SIGNATI	1/ 1/	1 and man	dealli occured al.,	.r Hom me caases	22h DATE
Ul	orles X Coul	egy M.		MED. STAFF PHYS.	4 Apr 1962 SIGNEE
22c. PHYSICIA		ley, Jr., M. D.	22d. ADDRESS 228 N • Ma	rket St., Free	derick, Md.
23a. BURIAL, CRE. REMOVAL (Spo	MATION, 23b. DATE THEREOF	Mount Olivet		Frederick, 1	(
	ctor's signature Hanker Etchison & Son, Fr	A LABORESS .		C'D BY REGISTRAR 256. R	

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Charles I. Comiss, Jr. J. C. 200 H. Herron St., Frederick, Mo.

Street Process Control of the Street Control

W. L. Etchieca & Hon, Trestrict, Spiritand Committee of the Committee of t

ed in by the funeral lours after death O HOSPITAL OR ALLY MG PHYSICIAN: The law requires that the death certificate be executed within 24 hou death. Part a may be read by the hospital or attending physician. O FUNITAL DIRECTOR: After this certificate has been signed by the attending physician and complete and in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers ages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. and TO HOSPITAL of The state of the

1SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04546 CERTIFICATE OF DEATH 04543

S. NAME OF First Middle Last DATE DATE DATE DATE DECRASED SEMBLA STALEY DATE DECRASED SEMBLA DATE DECRASED SEMBLA DESCRIBE DIVORCED SEMBLA DECRASED						OLOXO
S. CITY OF LOWN (II outside somewise limits, write SURAL and give necess fown) Freederick	. COUNTY					
Trederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital) 3. NAME OF HOSPITAL OR INSTITUTION (if not in hospital) 3. NAME OF DECLARED PRINT S. SEX SECTION OF BACK AND PRINT A	Fred	erick	MARYLAND	a. SIAIE Mary	land b. COUNT	Frederick
S. NAME OF DECEASED First Middle CRACE STALEY DECEASED				, ,		RURAL and give neerest town)
NAME OF DECEASED First CREATERY CREATER CREATE	d. NAME OF HOSPIT	TAL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
DECRASED (Type or print) DEATH	Frederick	Memorial Hosp	ital	267	Dill Avenue	YES NO
Tob. USUAL OCCUPATION (Give kind of work and one during most of working work in fellired) House—Tork At Home Carroll County Maryland I. BIRTHPLACE (County & Siste, or foreign country) House—Tork At Home Charles W. Dorcus II. MATHERS MADE NAME Charles W. Dorcus III. MATHERS MADE NAME Charles W. Dorcus III. MATHERS MADE NAME Emma Feiser III. MATHERS MADE NAME III. M	DECEASED	EMMA	GRACE ST		OF	
At Home Carroll County Maryland USA	-	White			last birthday)	
Charles W. Dorcus 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 219-36-2605 18. CAUSE OF DEATH [Enter only one ceuse per line lossly/b), and (c). 19. PART I. DEATH WAS CAUSE 08) DUE TO Conditions, if any, which geve rise to immediate ceuse (a), staling the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUT PERFORM YES NOT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 20c. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20c. ACCIDENT WAS UNDERLYING 3 while showing by work with shelp showing at work factory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Day, Yeer While showing at work at the deceased alive on 22 hours at the deceased from 32 hours at the deceased alive on	done during most of wo	rking life, even if retired)				USA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, pa, or unlown) (If yes give was rodeles of service) 219-36-2605	13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
(Yes, ap., or unknown) (Hyesgivewarordelesofservice) 219-36-2605 Irving E. Staley (Same as item #2)	Charles	W. Dorcus		Emma Feise	r	
B. CAUSE OF DEATH [Enter only one ceuse per line logal b), and (c),	15. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT		
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate ceuse (a), staing the underlying ceuse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Day, Yeer While of work of the course of injury in Part I or Part II of item 18.) 201. THE OF INJURY Month, Day, Yeer While of work of the course of injury in Part I or Part II of item 18.) 202. TIME OF INJURY Month, Day, Yeer While of work of the course of injury in Part I or Part II of item 18.) 203. THE OF INJURY Month, Day, Yeer While of work of the course of injury in Part I or Part II of item 18.) 204. C(City or lown) (State of the course of injury in Part I or Part II of item 18.) 205. C(City or lown) (State of the course of injury in Part I or Part II of item 18.) 206. C(City or lown) (State of the course of the course of injury in Part I or Part II of item 18.) 207. (City or lown) (State of the course of injury in Part I or Part II of item 18.) 208. C(City or lown) (State of the course of injury in Part I or Part II of item 18.) 209. C(City or lown) (County) (State of the course of injury in Part I or Part II or Part	No Income	i yes give war or deles or service)	219-36-2605 Ir	ring E. Stal	ey (Same as it	tem #2)
20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) 20e. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, P.m. 19 19 19 19 19 19 19 19	Conditions, if eny geve rise to immedi (a), stating the u ceuse last.	MMEDIATE CAUSE (e) DUE TO (b) iate ceusa inderlying DUE TO (c)	Caranary	auling	faciling	14 days
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21. 1 certify that (I) (this hospital) attended the deceased from		CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in	Part I of Fert II of Item 15.)	
saw the deceased alive on 19 7 and that death occured 3:05M, from the causes and on the date stated a 22b. In the causes and on the date according to the causes and on the causes and on the date according to the causes and on the date according to the causes and on the caus	ZOc. TIME OF INJU Hour a.m.	\	WhileNot While factor			(County) (State)
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NAME (Type) Robert S. Hughes, M. D. 7 E. Church St., Frederick, Md. 238. BURIAL, CREMATION, 23b. DATE THEREOF L4-25-62 Mount, Olivet Cemetery Frederick, Maryland (State Product of Company Control of C	14	whit I. K	higher "	D. PHYS.		23 Apr 1962 DATE
Burial (Specify) 4-25-62 Mount Olivet Cemetery Frederick, Maryland		Robert S. Hug	hes, M. D.		ch St., Frederi	lck, Md.
AL PUNITURE DESCRIPTION OF SIGNATURE AND	Burial (Specify)	ON, 236. DATE THEREOF				
M. R. Etchison & Son, Frederick, Maryland DATE APR 26'62 Cultury & Known	M. R. Etch	r's signature Marinison & Son, F	rederick, Marylan	1		

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TO HOSPITAL OR AT DING PHYSICIAN: The law requires that the death certificate be executed within 24 ho death. The 4 may be to be so the hospital or attending physician. TO FUNCTAL DIRECTOR: After this certificate has been signed by the attending physician and completed alled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papels, ages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dept.

VR A1S (4) 1SM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04547

CERTIFICATE OF DEATH

						0 20 2 2
)	1. PLACE OF DEATH a. COUNTY Frederic		MARYLAND	2. USUAL RESIDEN 6. STATE Marylane	b. COUN	Institution: Residence before edmission)
	write RURAL and	foutside corporete limits, give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corporate limits, write	RURAL end give neerest town)
7	Frederic		not In hospital, give street address)	Braddock d. STREET ADDRESS	Heights	e. IS RESIDENCE
	Frederick M		spital		land Arra	ON A FARM?
	3. NAME OF	first	Middle	112 Mary	4. DATE Month	YES NO
	DECEASED (Type or print)	Edwin	Ernst	Stoffer	OF April	18 19 62
	5. SEX	6. COLOR OR RACE	7. MARRIED X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeers last birthday)	Months Days Hours Min.
	Male		WIDOWED DIVORCED	January 9,188		Months Days Hours Min.
	10a. USUAL OCCUPATI	ON (Give kind of work king life, even if retired)	106. KIND OF BUSINESS OR INDUST		nty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Retire		Stoffer Ins.Agency	y Theresa, Wi	isconsin.	U.S.A.
	13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
1	Carl	Steffer		Unknown		
4	15. WAS DECEASED EVE (Yes, no, or unkown) (If		vice)		Address	
	Yes	W.W.# 1		nnie C.Stoffe	er,112 Maryland	Ave, Braddock, Md.
			cause per line for (e), (b), and (c).]		- 1	ONSET AND DEATH
		MAS CAUSED BY:	mesenteri	e art	ory peche	sion p
	-	DUE TO	with a	anarera	1 st sens Ol	Gowel 24 hrs
	Conditions, if any	(10)	ware 1		1 Some	
	gave rise to immadia (a), stating the ur	DUETO			0	The state of the s
	cause lest.) (c)_				
	Z PART II. OTHER	SIGNIFICANT CONDIT	ONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
1	PART II. OTHER	eneral	Bld are	selevi	res.	YES NO
	DR. CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	200. DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in	Part I or Part II of item 18.)	
	20c. TIME OF INJUI Hour a.m.	RY Month, Dey, Yeer		ACE OF INJURY (Home, ferr		(County) (State)
	21. I certify th	nat (I) (this hospita	ally attended the deceased from.	4/17	1262 to 4/18	, 19, that (I) (we) last
			48 19 67 and tha			
	220. SIGNATURE	16	4		MED STAFF	22b. DATE SIGNED
	V	anh &	an dunn	1.0.	DIRECTOR PHYS.	4/18/62
	22c. PHYSICAN'S NAME (Type)	DAMA	20 FNANC	22d. ADDRESS 7 W	312 fre	doncel
	230. BURIAL, CREMATIO	ON, 23b. DATE THERE	OF 23c. NAME OF CEMETERY	OR CREMATIONY	23d. LOCATION (City, to	wn or county) (State)
	REMOVAL (Specify) Burial	4/21/196	2 Mount Olivet	Cemetery	Frederick	Maryland
/	24 FUNERAL DIRECTOR	750	ouall ADAMSS Fed		C'D BY REGISTRAR 25b. REG	
	M.R. Etchison	n &Son, Fred	erick, Maryland.	DATE	IPR 2 3 '62 C	Thur S. Kraus

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04545 04545

/ Ec							
	1. PLACE OF DEAT •. COUNTY Frederi		MARYLAND	2. USUAL RESIDEN 6. STATE Marylar	ICE (Where deceased lived, If b. COUN		
	b. CITY OR TOWN write RURAL en	(if outside corporate limits, d give neerest town)	c. LENGTH OF STAY IN 16 Minutes	c. CITY OR TOWN	(If outside corporate limits, writ-		
		147	t In hospital, give street address)	d. STREET ADDRESS			a. IS RESIDENCE ON A FARM?
-2	3. NAME OF	memor rar nosp		Nr.Adamst	171M-7		YES X NO
	DECEASED (Type or print)	Doug	LAS Howard	STUP	4. DATE Month OF DEATH April	14	19 62
	5. SEX	2000 0 1	THE TEXT MARKET	anuary 3,196	last birthday)	Months Deys	IF UNDER 24 HRS. Hours Min.
	10a. USUAL OCCUPA done during most of w Infan	TION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUST	Frederick	inty & State, or foreign country) , Maryland	U.S.A.	F WHAT COUNTRY?
	13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
1	Howard J	Stup, Jr.		Texanna	Belle Wood		
1	15. WAS DECEASED E	VER IN U.S. ARMED FORCES	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address		
1		(If yes give wer or detes of service	None Hor	and I Stun	Ir . Route #4, Fre	derick Ma	rvland.
2	NO CATISE OF	DERTH linter only one only	None Ploy se per line for (a), (b), end (c).]	ara o.boup,	Tilloude #4, III		ERVAL BETWEEN
		TH WAS CALISED BY.	1				SET AND DEATH
	TANTI. DEA	IMMEDIATE CAUSE (0)	SPHYXIA				10 min.
	53	DUE TO	TENERAL PIRE N				
	Conditions, if an	y, which (b)	SPIRATION ES	OPH AGEAL	CONTENTS		10 mini
	geve rise to immed	diete cause					
	(a), stating the cause last.	nucestaind E	TRACHEO-ESOF	HAGTEL	TISTILLA - DA	PRIPER	2 mos.
1			IS CONTRIBUTING TO DEATH BUT N				9. WAS AUTOPSY
	PART II. OTHI						PERFORMED?
	5						TES NO
- 1	OR CONTRIBUTING	VAS UNDERLYING [] 20 G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in	Perf or Perf of Item B.)		
	20c. TIME OF INJ Hour e.m.	URY Month, Day, Yeer		ACE OF INJURY (Home, fee thory, street, office bldg., et		(County)	(State)
		that (I) (this hospital)	attended the deceased from		1960 to 14 APA	21L 1062,	nat (I) (wa) last
	saw the decea	sed alive on					te stated above.
	220. SIGNATURE	1/1/2	'eduil	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	14 Ap	22b. DATE SIGNED,
	22c. PHYSICIAN'S		ORICH	22d. ADDRESS	DERICK, MO		
		TION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county)	(State)
	REMOVAL (Specify		1962 Mount Olivet	Cemeter	Frederick	Ma	ryland.
1			all Bookess Lee		C'D BY REGISTRAR 256. RE		-
				7.	130 1 0 7CA		
	M.R. E. CRIS	son a son, free	derick, Maryland.	DATE		Trilling & the	

TO HOSPITAL OR AT DING PHYSICIAM: The law requires that the death certificate be executed within 24 horders. The law be to be supported by the hospital or attending physician.

IO FUNCAL DIRECTOR: After this certificate has been signed by the attending physician and complete alled in by the fune director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages, and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 7/61

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DIVISION O		RESEAR	LAND STATE		ARTMENT (LTIMOR	RE 1. M	ARYL	AND	
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1. PLACE OF DEATH				11	2. USUAL RESID	ENCE (When	e decess			Residen	ce before	edmission
	derick		MARYL	AND	Maryla	and		b. COUNT	rede:	rick	2	
b. CITY OR TOWN (foutside corporete limits give nearest town)	5,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOW		corporete	limits, write	RURAL er	d give	neerest to	wn)
	rsville		25 years	3	X Myers	ville						
	AL OR INSTITUTION (if	not in hosp			d. STREET ADDRE				3			RESIDENCE A FARM
				-13								NO 3
NAME OF	First		Middle		Last	4. DA	re	Month		Dey	Yes	ar
(Type or print)	MILTON		V.	ST	IMMERS	DE	ATH	Apri	1 5		19	62
5. SEX			NEVER MARRIED		DATE OF BIRTH			E (In yeers	IF UNDER	1 YEAR		R 24 HRS.
male	white	WIDOWEE	unite.		v.24. 18	878	last 8	birthdey)	Months	Deys	Hours	Min.
loe. USUAL OCCUPAT		10b. KI	ND OF BUSINESS OR I	- TA 6	11. BIRTHPLACE (C	Ounty & State		-	12. CI	TIZEN O	FWHAT	COUNTRY
	rking life, even if retired		ton Con I	7 o 10m	Exaden	s ale C	2 7/6	a	TT	C A		
13. FATHER'S NAME	d Farmer	0	wn Gen. F	arm	F'reder:		J . 141	d.	10.01	S.A	•	
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	hua Summe		SOCIAL SECURITY NO) 17. IN	Mary]	Leathe	emie	Address				_
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no	EATH [Enter only one		none		.Nannie	Dumme	ars,	Myer	LB AT.	TTA	PINOL BE	ETWEEN
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OR CONTRIBUTING	MEDICAL EXAMINER)											
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	ed alive on		196 an	nd that d	death occured a	7.4M,	from the	causes	and on	the da		
22e. SIGNATURE	19	1 /	Bon och		ATTENDING A	MED.		TAFF		11	122	b. DATE
	W.	1. 10	my	M.D		DIRECTOR	PI	HYS.		4-	-6-6	01
22c. PHYSICIAN'S NAME (Type)	D. J. 1	PoyE	FRIMI).	22d. ADDRESS	135	No	, for	- J	7,	HA	6. M
23e. BURIAL, CREMATI	ON, 23b. DATE THER	EOF	23c. NAME OF CEA	METERY O	R CREMATORY	23d.	LOCATIO	N (City, tov	vn or coun	ity)	((Stete)
REMOVAL (Specify)	Apr.7.	1962	United	Bret	thern	Myer	svil	le. I	Fred	. C	0. M	rd.
24 FUNERAL DIRECTES		2816	ADDRESS			REC'D BY R			GISTRAR'S		TURE	
	Paul F.	D1++	le, Myers		DATE DATE	APR	9 '6	2	Chille	1 2.	Tirans	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE by the and 2 death. Frederick MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) PY write RURAL end give neerest town) Frederick Lifetime Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Monocacy Hall Nursing Home 100 East Third Street YES NO be executed 3. NAME OF DATE Month Day First Middle Last Year DECEASED OF comple (Type or print) DEATH RITA 19 E. Irban April 11 C and co 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. lest birthdey) Months Hours Female WIDOWED T DIVORCED Nov. 21-1881 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if ratirad) Retired Practical Nurse Frederick Co. Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding James Franklin Sherald Margaret Graser ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (Ifyasgivewerordetesofservice) physician. Mrs. Kathryn E. Grove-100 E. 3rd. St.-Frederick 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH I. DEATH WAS CAUSED BY: 10 days IMMEDIATE CAUSE (e) burial-transit DUE TO attending Conditions, if any, which geve rise to immediate couse DUE TO (e), steting the underlying has ceuse last. the hospital or certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? se o NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of ite 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached d by After 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While at work et work OR: 21. I certify that (I) (this haspital) attended the deceased from FeD 24 10. 19.60 that (I) (we) last saw the deceased alive on.... 22b. DATE 22e. SIGNASURE SIGNED ATTENDING DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) filed \ 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) FU REMOVAL (Specify) の意名 Mt. Olivet Cemetery Burial Frederick- Maryland ADDRESS 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Dailer's Funeral Home- Frederick- Maryland 15M 9/60 arthur & Heavil 6 '62 Mutmore

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) y is ne. e. COUNTY b. COUNTY Frederick Maryland Frederick MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL end give neerest town) for your rural) Buckeystown 55 years urall Buckeystown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 4 Buckeystown, Fred, Co. Mayes TI NO A Rt 4 Buckeystown, Fred, Co Md Rt retail. 3. NAME OF Middle 4. DATE DECEASED 19 62 (Type or print) Lottie Whimbs DEATH Dora with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER 24 HRS 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR | 2 wit last birthday) nould be executed within 24 hours after deat "in pencil in them 18. Give Pages 1, 2, and 3. Office along with form PM3. Page 5 may burial-transit permit. File pages 1 and 2 withoval, and in any event within 72 hours. Months | Deys Hours 5-4-1868 WIDOWEDK DIVORCED [Female. Negro 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) TI.S.A Maryland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Spencer Edward Bowie 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) ! (If yes give wer or detes of service) Bolivar. West Va. Mary W. Page *** None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Thrombosis 20 mimutes IMMEDIATE CAUSE (e) ER: This certificate should be the word "pending" in per f Medical Examiner's Office ishould be used as a burial-DUE TO Arterio-Sclerosis vears Conditions, if eny, which (6) geve rise to immediate cause DUE TO (e), steting the underlying cremation, o cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*)) 19, WAS AUTOPSY CERTIFICATION writing the word "

Chief Medical Ex
Page 3 should be u PERFORMED? NO K 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. buri to the Cri. 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, : 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer (County) (State) fectory, street, office bldg., etc.) Not While While Hour e.m. et work et work forwarded to the DIRECTOR. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection by Inquiry and in my opinion Natural causes A Suicide Homicide Undetermined manner death resulted from: Accident CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for FUNERAL I SIGNATURE Fred, N DEPUTY MEDICAL EXAMINER EXAMINER'S B.O. Thomas Address (Street, city, town, or count Proffesional should | DEP 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) M d REMOYAL (Specify) Frederick, Co Carrollton Manor -26-62 240 p Burial 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME C.E. Hicks, 111 Frederick.Md 5M 7/59 arthur & Kenya

MARYLAND STATE DEPARTMENT OF HEALTH

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y the funeral director, 2 shauld be filed with HYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death **DEUNER.** PIRECTOR: After this certificate has been signed by the ottending physicion and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours ofter death. ned by the ho TO HOSPITAL OR ATTENDI TO FUNER

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND **CERTIFICA**

TE OF DEATH	04549

	a. COUNTY	rederick		MARYLA	11	USUAL RESIDENCE (W	_	lived. If institution b. COUNTY	residence be	efore odmiss	sion)
	b. CITY OR TOWN (If RURAL and give ne			NGTH OF STAY IN	16	c. CITY OR TOWN (IF		ote limits, write R	URAL and give (nearest taw	n)
	d. NAME OF HOSPITA OF INSTITUTION PROJECTION	AL (If not in hospitol, gi	ve street oddres	(2)	1	d. STREET ADDRESS	lest 2nd	i. St.		ON	SIDENCE A FARM? NO 1
	3. NAME OF DECEASED (Type or print)	Firs Harry		Middle ebster	Whit	ehill.	4. DATE OF DEATH	April	29	/	Yeor 19 62
	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED DIVORCED		uly 9-1899		9. AGE (In years last birthday) yrs.	Months Day		Min.
	00. USUAL OCCUPATIOn during most of work Retired Sa 3. FATHER'S NAME	ing life, even if retired)		of Business or i	2000	11. BIRTHPLACE (State Maryland Mother's Maiden		untry)	12. CITIZEN	OF WHAT	COUNTRY?
	Reese Wh	nitehill				Norine	Douty				
	5. WAS DECEASED EVER	R IN U. S. ARMED FORCE If yes, give war or dates of se WWAR 1	rvice) a	10-1305	Mrs.	Irline S.	Whitel	hill-hor	Frede	rick-	
	PART I. DEAL 42010 Conditions, if an gove rise to in cause (a), stoting the lying cause lost.	nmediote (DUE TO	Cerone	is sclenti		east Dise		CONDITION GIV	0	7-8	AUTOPSY
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	23g. BURIAL, CREMATION REMOVAL (Specify) BUTIAL 24. FUNERAL DIRECTOR'S	May 2-19	62 1	NAME OF CEMETE Mt. Olive		etery		ION (City, town,		(Sto	te)
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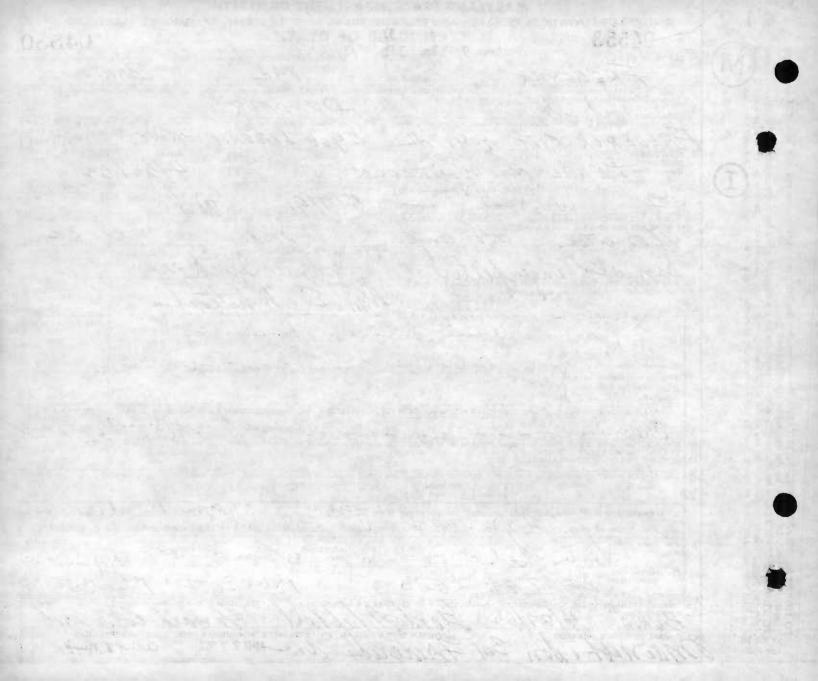
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 1. USUAL RESIDENCE (Where deceesed lived, If institution, Residence before admission 1. PLACE OF DEATH a. COUNTY b. COUNTY KA MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town é write RURAL and give neerast town) NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO NAME OF DATE DECEASED OF ITLOCK DEATH (Type or print) 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH IF UNDER 24 HRS. 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR ! 5. SEX lest birthdey) and Months Deys WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during post of working life, even if retired) 56 medin 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15/ WAS DECEASED EVER IN U.S. ARMED ORCES? 16. SOCIAL SECURITY NO. | 17. INEONMANT (Yes, no, or unkown) | (Ifyes give werorderes of service) 18. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geva rise to immadieta cause DUE TO (a), stating the underlying ceuse lest. PART, II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO / 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) Not While While Hour a.m. et work at work p.m. an-L 195/10 cpre 12, 196) that (1) (we) last 21. | certify that (I) (this hospital) attended the deceased from... 22b. DATE 22a. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Pelij 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CHEMATORY 23d. LOCATION (City, town or county) (State) (Specify) D. g v 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

executed

ARYLAND STATE DEPARTMENT OF HEALTH



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15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.

MARYLAND STATE DEPARTMENT OF HEALTH

0455	DIVIS	CERTIF	ICATE OF DEA		ARYLAND		04	55	1	
1. PLACE OF DEATH a. COUNTY	ederick	MARY	2. USUAL RESIDENCE a. STATE Mar	E (Where deceased yland	1 601111	rede			ian)	
RURAL and give n	If autside carporate limi learest tawn) sderick	ts, write c. LENGTH OF STAY 20 year		c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Frederick						
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, go East 8th		d. STREET ADDRE	East 8th	Street		•	e. IS RES	FARM	
3. NAME OF DECEASED (Type or print)	Etta		Whitnore Lost	4. DATE OF DEATH	April	15,	Day		Year 19 6	
S. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIE	D T B. DATE OF BIRTH	9		IF UNDER	1 YEAR	IF UND	ER 24 H	
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10a. USUAL OCCUPATI during most of wor Homemaker	ON (Give kind af wark king life, even if retired	dane 10b. KIND OF BUSINESS O		(State ar fareign car	ed. Co.			WHAT C		
13. FATHER'S NAME			14. MOTHER'S MAIL	14. MOTHER'S MAIDEN NAME						
Thomas P	. Whitmore	Mary	Carr							

No		-	None	Mr. Elwood T. Whi	tmore Frederick,	Maryland
			per line far (a), (b), an	d (c).] ED ARTERIOSCLEROS	5/5	INTERVAL BETWEEN ONSET AND DEATH
	ans, if any, which					
cause (a	ise to immediate), stating the <u>under</u> use last.					
NOILY	RT II. OTHER SIGNI	FICANT CONDIT	IONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN IN PAR	PERFORMED?

17, INFORMANT

Address

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.)

MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20d. INJURY OCCURRED 20f. (City ar tawn) Day, Year (Caunty) (State) factory, street, affice bldg., etc.) Haur a. m. Nat while at wark at wark p. m. 21. I certify that (1) (this haspital) attended the deceased fram

that (1) (we) last and that death accurred at 6 A M, fram the causes and an the date stated above. saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR Culiava M.D.

22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS Dr. Richard C. Revnolds East Church Street Frederick.

23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, ar caunty) 23a. BURIAL, CREMATION, (State) REMOVAL (Specify) Fairmont

25a. REC'D BY REGISTRAR ADDRESS 25b. REGISTRAR'S SIGNATURE Son DATE

Districtand Presertade in free here. 20 years Frederick No inches Page 5th Street 21S Same Street Street Hebs S. Waltworm April 15, Femile White March 10, 1873 89 Hone Hone Libertytom, Fred. Co. No. U.S.L. Mary Vege Hone Hr. Elmood T. Waltagre Frederick, Haryland S265-25-d Br. Richard C. Raymolds M.B. 9 Bast Church Street Frederick, Md. bear great mooth deedhi Smilal L-18-1962 Fairmont Comptony

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, If institution: Residence before admission) a. COUNTY Frederick a. STATE Maryland b. COUNTY Frederick by the and 2 death. MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 write RURAL and give nearast town) Frederick Years Frederick d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) 351 West Patrick Street 351 West Patrick Street 3. NAME OF Middle 4. DATE DECEASED (Type or print) RHODA CATHERINE YINGER DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR got birthday) Months 12 March 1872 Female White WIDOWED T 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY? dona_during most of working lifa, avan if ratirad) At Home Maryland USA House-work attending ph Then please r 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Isiah Rice Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) (Ifyes giva war or dates of service) Mrs. Pauline Y. Boyer (Same as item #1) None 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] angestir Meust Pailure anteriosalerotic Meust Disean PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava risa to immediate causa DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 1B.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Homa, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) Not Whila factory, straet, offica bldg., atc.) While at work at work 22a. SIGNATURI ATTENDING MED. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Thomas E. Stone, M. D. 4 W. 3rd St., Frederick, Md. FUNE filed v death.
O FUI 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF Frederick, Maryland Mount Olivet Cemetery 24 FUNERAL DIRECTOR'S SIGNATURE

M. R. Etchison & Son, Frederick, Maryland

VR A15 (4) 15M 9/60

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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a. IS RESIDENCE

YES NO K

Year

IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

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Apr 1962

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MARYLAND	STA	TE DEPAR	IMENT	OF HEALTH-	-BALTIMORE,	18
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		CERTIFI	CATE	OF DEATH		

	043	Jb It	CERTIFIC	ATE OF	DEATH	1	Re	eg. Dist. No.	04553			
	o. COUNTY	lerick	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE Maryland b. COUNTY Frederick									
	BILLE IN TOWN	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nepest form) RURAL MICCIETOWN 4 years				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RUTAL / MIDDLE TOWN / Frederick						
	d. NAME OF HOS	PITAL (If not in hospital, give stree Nursing H	4	d. STREET ADDRESS RFD #5								
	3. NAME OF DECEASED (Type or print)	Arba	Walter	Younk	lost NS	4. DATE OF DEATH	Month 4	00) 1	2 1962			
	5. SEX male	white widow	RRIED NEVER MARRIED X	9/7/	L881	9. AG	80 yrs.	onths Days	Hours Min.			
	building	TION (Give kind of work done 10) orking life, even if retired) painter S	elf employed	d Mar	yland	or foreign country)		U.S	WHAT COUNTRY?			
1	13. FATHER'S NAME Marti	n L. Younkins			er's maiden n							
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO. 17. INFORMANT NO. 17. INFORMANT NO. 18. SOCIAL SECURITY NO. 19. INFORMANT NO. 19. INFOR											
Towns of the	Conditions, if gove rise to couse (o), stotin lying couse los	immediate DUE TO		6		V						
	CATIO	OTHER SIGNIFICANT CONDITIONS WAS UNDERLYING 206. DI	CONTRIBUTING TO DEATH B					IN PART 1(0) 19	P. WAS AUTOPSY PERFORMED? YES NO			
	3 20c. TIME OF INJ	NG CAUSE OF DEATH FY MEDICAL EXAMINER) URY Month, Doy, Year 20d.	INJURY OCCURRED 20e.	PLACE OF INJU	RY (Home, farm	, 20f. (City or to		(County)	(State)			
1		Hour o. m. p. m. 19 While Not while of work of work of work 19 of work 19 that I attended the deceased from 19, to after 12, 1962 that I last saw the deceased										
	actual SIGNATURE PHYSICIAN'S	Spril 10, 19 201	62, and that dec		at 1	ADDRESS (Stroot)	e causes and Aty or town, stot	an the dat	e stated above. DATE SIGNED -/3-62			
	220. BURIAL, CREMAN REMOVAL ISPECT	Dr. 7. Elmer TION, 226. DATE THEREOF 14/14/1962	22c. NAME OF CEMETERY	or cremator		Maryla 22d LOCATION (Middle	City, town, or c	ounty)	(Stote)			
	23. FUNERAL DIRECTO	OR'S SIGNATURE	ADDRESS iddletown,		240. REC'	D BY REGISTRAR PR 1 6 '62	24b. REGISTRA	AR'S SIGNATUR				

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FOR STAT HEALTH DEI for your files. Board of Health, Page delay i TO DEPTIMENT MEDICA.

AMINER: This certificate should be executed within 24 hours after death. If any delplease that the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the 3 to the 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refact TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit Title pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any examply within 72 hours after death. VS. A15ME 5M 7/59

MARYLAND STATE Division of STATISTICAL RESEARCH AND RECORD 04557 MEDICAL EXAMINER'		ARYLAND 4554
1. PLACE OF DEATH a. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Resi a. STATE Maryland b. COUNTY Fred Tred	dence before admission
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Frederick c. LENGTH OF STAY IN 11	// Frederick	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 502 East Patrick Street	6. STREET ADDRESS 502 East Patrick Street	IS RESIDENCE ON A FARM? YES NO X
	OF	8, 19 62
5. SEX 6. COLOR OR RACE 7. MARRIED	8. DATE OF BIRTH 14 July 1891 9. AGE (In years IF UNDER 1 YE Isst birthdey) Yrs. Months Dey	
Retired-Clerk Candy Store	Maryland US	N OF WHAT COUNTRY A
13. FATHER'S NAME Franklin Zimmerman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) (Ifyas give wer or deles of service) NO 217-10-0635 M1	Mary J. Stone 7. INFORMANT Address rs. Lorraine W. Zimmerman (Same as	item #1)
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which Cause of Death Hemorrhs Arteriosclerosis	age	INTERVAL BETWEEN ONSET AND DEATH 24 Hrs. 5 Yrs-Plus
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 19	PERFORMED?
200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	D. (Entar netura of injury in Part I or Part II of item 18.)	YES X NO
	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) fectory, street, offica bldg., etc.)	(State)
21. I certify that I took charge of the remains described above, death resulted from: Natural causes X, Accident . Su ACTUAL SIGNATURE . SUMMER'S	Uicide, Homicide, Undetermined manner CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
NAME (Type) B. O. Thomas, M. D. 22a. Burial, CREMATION, 22b. DATE THEREOF PREMOVAL (Specify) Burial 22c. NAME OF CEMETERY Mount Olivet	OR CREMATORY 22d. LOCATION (City, town, or country)	(State)
23. FUNERAL DIRECTOR HABITAL AS SASSESSEED OF	Tand 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN DATE MAY 3 162 Oxidus 8. 71	

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